

**EVALUATION OF THE
AFRICA OPERATIONS RESEARCH/
TECHNICAL ASSISTANCE PROJECT II**

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Although the comments of all these individuals helped shape our findings, the authors are fully responsible for the views expressed in this report.

LIST OF ABBREVIATIONS

ABSF	Association Burkinabe de Sage-Femmes/Burkina Midwives Association
AIDS	acquired immune deficiency syndrome
AIDSCAP	AIDS Control and Prevention project
ANE/OR	Asia and Near East Operations Research project
AVSC	AVSC, International
BNPC	Botswana National Productivity Center
CA	Cooperating Agency
CAFS	Center for African Family Studies
CBD	community-based distribution
CEDPA	Center for Development and Population Activities
CEFOREP	Centre de Formation et de Recherche en Santé de la Reproduction/Center for Training and Research in Reproductive Health
CERPOD	Centre d'Etudes et de Recherche sur la Population pour le Developpement/Center for Applied Research on Population and Development
CHFP	Community Health and Family Planning project
CHO	Community Health Officer
CLUSA	Cooperative League of the United States of America
COPE	client oriented, provider efficient
COTR	Contracting Officer's Technical Representative
DFID	Department for International Development
DSF	Direction de Santé Familiale/Direction of Family Health
ECC	Expanding Contraceptive Choice project
ERU	Evaluation and Research Unit
FGM	female genital mutilation
FHI	Family Health International
FINNIDA	Finnish International Development Agency
FP	family planning
FPMD	Family Planning Management Development project
FPAK	Family Planning Association of Kenya
FRONTIERS	Frontiers in Reproductive Health project
FY	fiscal year
G/PHN/POP	Global Bureau, Population, Health and Nutrition Center, Office of Population
GSS	Ghana Statistical Service
GTZ	Association for Technical Cooperation (Germany)
HCSS	host-country social scientist
HIV	human immunodeficiency virus
HPN	health, population and nutrition
HRU	Health Research Unit
ICPD	International Conference on Population and Development

IDI	International Development Intern
IEC	information, education, and communication
IFORD	Institut de Formation et de Recherche Demographiques/Institute for Training in Demographic Research
INTRAH	Program for International Training in Health
IPAS	International Projects Assistance Services
IPPF	International Planned Parenthood Federation
JHU/PCS	Johns Hopkins University/Population Communication Services
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
JPT	Joint Planning (Programming) Team
JSI	John Snow, Inc.
LOE	level of effort
MCH	maternal and child health
MIS	management information system
MOH	ministry of health
MSH	Management Sciences for Health
NCC	Nairobi City Council
NGO	non-governmental organization
NHRC	Navrongo Health Research Center
ODA	Overseas Development Administration (United Kingdom)
OR	operations research
ORS	oral rehydration salts
ORT	oral rehydration therapy
PLA	participatory learning approach
PNPF	Programme Nationale du Planning Familiale/National Family Planning Program
PPAG	Planned Parenthood Association of Ghana
PRA	participatory research approach
RAM	rapid assessment methods
REDSO/ESA	Regional Economic Development Services Office/East and Southern Africa
REDSO/WCA	Regional Economic Development Services Office/West and Central Africa
RH	reproductive health
RHU	Reproductive Health Unit
SA	situation analysis
SCF	Save the Children Federation
SFPS	Santé Familiale et Prévention du SIDA/Family Health and AIDS Prevention Project
SOTA	State of the Art (training course)
SPSS	Statistical Package for the Social Sciences software

STD	sexually transmitted disease
STI	sexually transmitted infection
TA	technical assistance
TAG	Technical Advisory Group
TBA	traditional birth attendant
UERD	Unité d'Enseignement et de Recherche en Demographie/ Unit for Teaching and Research in Demography
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
UZ	University of Zimbabwe
YEP	Youth Empowerment Project
YZ	Yezura Zenna/Community Volunteers
ZNFPCC	Zimbabwe National Family Planning Council

PROJECT IDENTIFICATION DATA

1. Project Title: Africa Operations Research/Technical Assistance Project
2. Geographic Focus: Africa-wide
3. Project Number: 936-3030
4. Project Dates:
Agreement Signed: September 1993
End Date: September 1998
5. Project Funding:
Authorized Life-of-Project Funding: \$19.4 million
Funding to Date:
Host Country Funding:
6. Mode of Implementation: Contract with the Population Council
7. Responsible USAID Officials: Sarah Harbison (1993-1994)
Patricia Coffey (1994-1997)
Marjorie Horn (1997- present)
8. Previous Evaluations: Management Reviews: January 1995
January 1996, January 1997

EXECUTIVE SUMMARY

The Africa Operations Research and Technical Assistance project II (Africa OR/TA II), implemented by the Population Council, began in September 1993. This five-year, \$19.4 million contract will end in September 1998. The project builds on and extends a foundation of operations research and technical assistance activities initiated under a prior contract with the Population Council, Africa OR/TA I. A four-person team carried out an end-of-project evaluation during September 1997. As part of the evaluation process, the team visited the project headquarters in Nairobi, the regional office in Dakar, and subproject sites in six countries. The team also reviewed numerous project reports and conducted extensive in-depth interviews with project staff, local collaborators, and USAID personnel in Washington, D.C., and in the field.

The objectives of the Africa OR/TA Project II are to increase understanding of ways to improve family planning (FP) services in sub-Saharan Africa, and to apply OR/TA to this improvement process. The means through which these objectives are to be achieved include the following:

- C Increasing access to a full range of family planning services and methods,
- C Developing service delivery strategies that are client oriented and acceptable to special population groups,
- C Improving program operations to make them more efficient and financially sustainable,
- C Improving the quality of existing services, and
- C Strengthening the capabilities of family planning program managers to use operations research to diagnose and solve service delivery problems.

Research

The Africa OR/TA Project II team made many adjustments to their five-year agenda as changes occurred in USAID's presence countries, ways of doing business, and technical priorities. Specific changes within USAID included increased emphasis on broadly defined reproductive health (RH) issues, closure of a number of USAID field missions, introduction of the field support mechanism, and financial metering. The team developed their research and technical assistance agenda and country-specific strategies in a systematic, often iterative way, making midcourse corrections as necessary. The lesson learned and applied from the prior Africa OR/TA project was to be as responsive as possible to local requests for activities without becoming overcommitted.

The Africa OR/TA Project II has responded to USAID/Washington's request to diversify the project research portfolio to encompass a broad reproductive health agenda. Project research corresponds with USAID's strategic objectives. Project work is being carried out in a mix of countries across the continent, reflecting both USAID mission priorities and the willingness of the Population Council to optimize "windows of opportunity" as they present themselves.

The research topics clearly respond to new emphases in reproductive health and build upon demonstrated strengths of the Population Council. In particular, the work with adolescents, postabortion care, integrated services, and female genital mutilation (FGM) is likely to yield important contributions to the field.

At the time of the evaluation, the project had initiated 47 OR subprojects, of which 22 were completed and 25 were ongoing. Nearly half of the studies are diagnostic or evaluative, reflecting the intentions of program managers and USAID missions to identify family planning and reproductive health program weaknesses, correct problems, and monitor efforts. Twelve diagnostic and evaluative studies are situation analyses (SA). One-fifth of the studies are interventions. Intervention activities include testing new methods of service delivery and improved quality of care, and linking family planning services with postabortion care.

The project contract calls for both diagnostic activities and "traditional," or intervention, operations research projects; the distribution of study by type reveals a balanced portfolio. Although USAID/Washington had expectations of a greater proportion of intervention studies, the project has found that USAID missions are more interested in diagnostic or evaluative studies, particularly situation analyses. The situation analyses have become a popular tool for program managers, USAID missions, and representatives of other funding agencies to monitor program performance. Operations research interventions are occasionally developed, but they are not always called for, in large part because the situation analyses so clearly identify weak functions within the service delivery systems that can be improved through direct intervention rather than through experimental testing.

Responsibility for conducting situation analyses has moved to the new MEASURE project, to be used in conjunction with other data collection methodologies to assess reproductive health knowledge, attitudes, and practices and service availability. However, what has made the situation analysis a successful tool is its value not just in measuring the quality of services, but in bringing together service providers, program managers, non-governmental organizations (NGO), ministries of health (MOH), and the donor community, in strengthening understanding of the components contributing to high-quality programs, and in identifying opportunities for change and improvement. The evaluation team is concerned about follow-on activities to the situation analysis, such as data interpretation workshops and national and regional seminars, which the Africa OR/TA project II does well. While it is assumed that these activities will be covered under the MEASURE package, USAID and the Cooperating Agency (CA) managing the Frontiers in Reproductive Health project (FRONTIERS) must be alert to opportunities for coordinating implementation of the situation analysis, timing and contractual requirements of partner CAs, and capacities of local service providers.

Among the large intervention studies, those in Burkina Faso and Ghana are testing different models of community-based service delivery and use of different levels of service providers. In Kenya, an experimental design examined different modes of delivering postabortion family planning, and a study in Senegal is testing the effect of improved quality of services delivered at model clinics. A study in Zambia is comparing community-based strategies to improve reproductive health among youth.

Technical Assistance

Approximately half of the activities conducted under Africa OR/TA II are characterized as technical assistance, not directly related to subproject implementation. The organizations to which the project provides technical assistance include many of the International Planned Parenthood Federation (IPPF) affiliates (Burkina Faso, Kenya, Ghana, and Tanzania), regional research organizations (Center for Applied Research on Population and Development [CERPOD] and Center for African Family Studies [CAFS]), MOHs, statistical and research units within MOHs, and CAs.

To cope with the growing demand for situation analyses, the project has trained a cadre of 40 professionals who can serve as consultants to other countries, freeing Population Council staff for work on other subprojects. Consultants have been used in fielding situation analyses in Cameroon, Guinea, and Zimbabwe. Indeed, since the training took place, every situation analysis has included one or two of these consultants. Also, CERPOD staff carried out a United Nations Population Fund (UNFPA)-funded situation analysis in Mauritania.

Local capacity was also enhanced through long-standing relationships and informal training derived from subproject implementation and the day-to-day presence of host-country social scientists (HCSS) and Population Council Fellows. The project places fellows and recruits

HCSSs in countries where it is conducting numerous activities. Currently, fellows are working in Kenya and Mali; HCSSs are working in Burkina Faso, Senegal, and Zambia. HCSSs from Botswana and Tanzania have completed their contracts, and fellows have completed assignments in Senegal and Burkina Faso. The countries that have a significant number of activities but do not have assigned project staff include Zimbabwe and Ghana. These advisors strengthen local operations research capacity while overseeing day-to-day operation of the subprojects. Furthermore, they enhance relationships with USAID missions and counterpart organizations.

Institutionalization is an integrated activity of the Africa OR/TA Project II, and one of the project's priorities. It is the formal or informal transfer of operations research competencies to individuals or institutions, with the goal of improving reproductive health programs. The process of institutionalization, in the contractual framework of the project, is comprised of the following activities:

- C Teaching administrators and decision makers the means to use operations research;
- C Informing family planning and reproductive health agencies how to analyze and resolve problems, how to carry out operations research, and how to apply the results of this research;
- C Providing technical assistance and training for African researchers in operations research subproject protocols and implementing research with service delivery agencies; and
- C Providing technical assistance to disseminate operations research results.

In addition to providing operations research training, the project works to increase and improve research capacity by providing support and technical assistance to institutions and community health laboratories. Where Evaluation and Research Units (ERU) exist, the project has made efforts to reinforce their data management and research capacity. Most notable are activities with units in Zimbabwe, Ghana, Zambia, Burkina Faso, and Senegal. In a number of cases, the project has built upon relations developed with these units under the earlier OR/TA project, enhancing local capacity to conduct operations research. The project is also providing support in OR research design and implementation to the newly established Center for Training and Research in Reproductive Health (CEFOREP).

Among the countries the team visited, the perception is that operations research is a useful tool. But capacity to conduct operations research is not yet fully realized. Apparently, with the exception of CERPOD and, to a lesser extent the Navrongo Health Research Centre, all the studies were undertaken with substantial technical support from the project or other organizations. Certainly many researchers have been trained, but there still is not a critical mass

of researchers sufficiently well skilled to implement operations research alone. One reason for this lack of skilled researchers is the frequent displacement of researchers, which is a function of changing politics, policies, and promotions to both national and international posts with better remuneration.

Dissemination

Dissemination seminars have successfully brought operations research findings to relevant individuals and organizations, including MOHs, national and regional program managers, service providers, NGOs, USAID, and donors. In several cases (Senegal, Burkina Faso, Kenya; soon Zambia and Zimbabwe), counterpart organizations have gone beyond the national level to disseminate situation analysis findings regionally, often securing funding from another donor to do so. The regional workshops provided an opportunity for staff of service delivery points to identify weaknesses in their programs, find immediate solutions for more than half the problems, and formulate action plans for the district, regional, and national levels. This is an empowering approach, particularly since some of the changes proposed could be managed at the local level and implemented immediately.

The Africa OR/TA Project II produces a wide variety of print materials, such as the newsletter, *African Alternative*; final reports; annual reports; the *Situation Analysis Handbook*; published papers; conference papers; brochures; and the French and English language subproject report *Updates*. These materials reach large audiences, including African counterparts, MOH officials, policymakers, managers, USAID/Washington, USAID missions, CAs, donors, NGOs, and other organizations.

The project has made a serious effort to reach a variety of audiences through these many print materials. Though the materials are of high quality and the project keeps costs down by printing primarily in Kenya, producing this volume of materials is very expensive. Additionally, materials may not actually reach the intended audiences or be read and used once they are received. An external consultant, working with the project's communications specialist, should assess the Population Council's dissemination strategy, evaluating which materials are reaching which audiences, how they are used, and how these materials could be improved.

Africa OR/TA Project II staff disseminate results of their work widely through journal articles and conference presentations. Staff publish articles in a broad range of professional journals and regularly present at public health, demographic, and population conferences. Although some might argue that use of these channels represents a bias to academic audiences, it does provide an important means to reach U.S. and international professional audiences. The project has been successful in engaging its partners in disseminating and using research findings. With few exceptions, in countries visited local counterparts felt fully involved in the research and dissemination process.

Use

Findings from project studies have been used in a variety of contexts, such as introducing new services or improving existing ones. However, because the majority of implementation studies are still underway, most results will only become known during or after the fifth year of the project. Although scaling up will take time, many subprojects have laid the groundwork for the project's potentially broad impact on reproductive health services.

In undertaking research studies, the Africa OR/TA Project II typically takes the following steps to facilitate use of subproject results:

- ③ Concentrate on issues critical to improving service delivery;
- ③ Work with country counterparts to develop the country operations research agenda, and ensure ownership of research and application of findings;
- ③ Ensure all relevant participants? policymakers, donors, implementing agencies? are informed at opportune junctures;
- ③ Provide support to disseminate operations research findings at national, subnational, and regional levels; and
- ③ Conduct end-of-project assessments to measure impact.

In countries where USAID's Population, Health and Nutrition (PHN) staff are fully engaged with the OR effort, findings are more likely to be used and follow-up action taken. Involved missions such as those in Ghana, Senegal, Zambia, and Zimbabwe, and the Regional Economic Development Services Offices/East and Southern Africa and West and Central Africa (REDSO/ESA and WCA) guaranteed that the linkages were made between the OR program and service delivery CAs, MOHs, and NGOs to ensure that operations research results led to changes in service delivery.

Crosscutting Issues

The project must closely collaborate with service delivery and other organizations throughout all phases of the project to ensure that appropriate topics have been identified; that implementation proceeds smoothly; and that findings are enhanced, replicated, or lead to changes in service delivery. Extensive collaboration has taken place in the field, and examples of productive relationships with other organizations are numerous.

At the same time, one CA staff member warns against unrealistic expectations with regard to collaboration. The changes implied by the shift to field support funding, in particular, influence

the ability of projects to work together. If a CA does not have field support from a given country, it is unable to work there. Problems also arise when projects have different contract schedules and are therefore unable to coordinate an appropriate calendar of subproject implementation.

Many CAs have field offices in the same location as the Population Council. This close proximity promotes linkages through participation in various workshops devoted to problem identification, agenda setting, and dissemination of findings that generally leads to frequent interaction.

Despite the exemplary working relationships established at the field level by the project, concern has been expressed by some staff at USAID/Washington and at the U.S. offices of some CAs that the Population Council does not work sufficiently with other CAs, that research is done in isolation, and that CAs and G/PHN divisions are not informed about findings. It is not clear whether project field staff are not communicating with Population Council/NY, whether CA field staff are not reporting adequately to their headquarters, or whether all parties concerned are failing to bring collaborative efforts to the attention of USAID/Washington.

FRONTIERS

The Africa OR/TA Project II has contributed to maximizing the quality of and access to reproductive health services. Each five-year phase of USAID-funded operations research projects has worked to remove impediments to reproductive health services and to improve women's health. The OR/TA II follow-on project, FRONTIERS, strives to go even further toward better reproductive health outcomes for women by improving family planning and related reproductive health service delivery through operations research. FRONTIERS will do this by (1) testing innovative solutions to priority service delivery issues, (2) disseminating and using operations research results for policy and program improvement, and (3) building greater capacity for problem solving within organizations. This report concludes with a series of recommendations for the development and implementation of FRONTIERS.

RECOMMENDATIONS

Recommendations for Africa OR/TA Project II

Research

1. Country strategy development has been appropriately conducted. However, USAID/Washington and U.S.-based CA staff have not been fully engaged in the strategic planning process. Formally presenting initial and annual workplans in Washington could help USAID staff become involved in agenda development.
2. Country strategies should be periodically reviewed with USAID missions and host-country counterparts to assess progress and identify needed revisions.
3. The Africa OR/TA Project II should prepare a brief report documenting its experience with the Participatory Learning Approach in Zambia.
4. The project should prepare a series of brief 10 to 15 page monographs on its findings on selected cross-national research themes, such as postabortion care, FGM, adolescent services, community-based distribution (CBD), and integrated reproductive health services. These monographs should be attractive, easily understood reports written in layperson's terms. They should be widely distributed particularly among African colleagues, including those not participating in subproject activities.
5. Technical assistance, particularly focused on analyzing and writing up data, should be provided to the Navrongo Centre during the final months of the subproject. Research results should be made available as soon as possible. A Population Council Fellow, mutually acceptable to Navrongo and project staff, could be identified quickly and then placed at the Centre to participate in the end-of-subproject analysis.

Technical Assistance, Training, and Institutionalization

6. Invite more participants per organization and fewer organizations to training sessions; this selective approach will increase capacities in selected organizations.
7. To the extent possible and while making all efforts to be responsive to mission requests, project staff should be very deliberate about tasks they take on, particularly in times of reduced budget and contractual limitations on level of effort.
8. The project should consider a means to provide at least part-time administrative support to HCSSs and fellows in countries lacking a local Population Council office.
9. Orient or extend project training activities to include national and private research organizations engaged in health research, particularly reproductive health. Adjusting training

activities will "re-cover" some professionals who have already been trained in the public sector or in NGOs.

10. Develop a high-level, intensive, short (two weeks) course on OR research design and methodology for staff of the Navrongo Health Research Centre (NHRC). Bilingual staff engaged in research in Bazega should also be invited. If such a course is carried out under the FRONTIERS project, an effort should be made to include as lecturers and facilitators staff from other, non-African regions to foster global exchange of experience.

Dissemination

11. The project should build on the model of subnational dissemination. Its successful efforts in leveraging funds from international donors should be pursued in other countries for broad-based data interpretation and problem-solving workshops.

12. As a part of institutionalization, counterparts should be provided with technical assistance to improve their presentation and writing skills.

13. The project should make a concerted effort to exchange information within the region through a variety of means: regional seminars, specific issue seminars (similar to the postabortion care meeting in New York), meetings, observations tours, and other South-to-South exchanges in which information can cross borders. Also, sharing information with other regions should be emphasized.

14. During the end-of-project conference, working groups should be established to continue a process of communication between African officials, program managers, NGOs, and donors. With support from the new FRONTIERS project, working groups formed at this conference would meet periodically to discuss the progress of improving service provision in their respective countries.

15. The dissemination of print materials should be thoroughly assessed to refine and target audiences to ensure cost-effective communication. An external consultant could be engaged to develop a communications strategy.

16. Continued emphasis should be placed on maintaining face-to-face contact and relaying findings through small briefings and meetings.

17. Short, succinct e-mails similar to the widely read Office of Population ?Pearls? should be developed and sent monthly. These may appear in a question and answer format with answers from OR findings. The Contracting Officer's Technical Representative (COTR) would disseminate these e-mails through the G/PHN e-mail system to the PHN Center, regional bureau contacts, missions, and CAs.

18. The project should continue to invite the media to dissemination and other seminars to give OR activities a higher profile in the country and inform the public about key issues related to reproductive health. In addition, press releases should be developed for newspapers. The project can collaborate with other CAs that conduct short trainings for journalists to ensure that information is concise, correct, and appropriate.

19. The Africa OR/TA Project II should give more presentations formally and informally to USAID/Washington and to CA headquarters. The USAID/Washington Research Division should target individuals and facilitate their attendance at operations research presentations or hold collaborative meetings between the OR project staff, USAID staff, and CA headquarters staff. When USAID staff are traveling to countries where the OR project is working, Research Division staff should try to arrange visits to OR project sites.

20. The OR project COTR and the Population Council should target specific Joint Planning Teams (JPT) to ensure members are familiar with their work and possible applications in each country.

Use

21. Wherever appropriate, at the beginning of a research study an implementation group should be formed with representatives from MOHs, NGOs, CAs, USAID, and OR staff. This group would meet periodically to follow the use of research findings.

22. Develop informal and formal (contractual) agreements with service delivery organizations to implement and expand findings once research is completed.

23. Support dissemination of OR and research findings to the field level, empowering national, regional, and district staff to undertake the process.

24. During dissemination seminars, emphasize work with local counterparts to outline detailed implementation plans to apply and expand results. Designate responsible persons and delineate timelines and dates for this work.

25. Continue to work with CAs and missions to facilitate use of results. Assist local counterparts in linking with CAs and donors to ensure support for implementation of findings. If possible, meet with counterparts to review progress toward implementing findings and document the use of findings.

26. Missions and USAID/Washington (COTRs and JPTs) should provide support to the OR project in linking research results to implementation of activities, and should help the project coordinate service CAs to scale up activities.

Crosscutting Issues

27. The Africa OR/TA Project II should continue to collaborate with service delivery or training CAs from the outset to facilitate scaling up or use of findings. This collaboration can be achieved by seconding a service delivery-oriented person to the project, by having someone at each CA liaise with the OR project, and by developing joint projects and conducting joint site visits to ensure that service delivery CAs are engaged throughout the process. Involving CAs throughout the process will ensure that concerns arising from their programs are incorporated into the research agenda.
28. Population Council field staff should bring their collaborative efforts with other CAs to the attention of Population Council/NY, CAs' headquarters, and USAID so that non-field individuals are more aware of useful partnerships and research results.
29. USAID and Population Council headquarters' staff should play more of an advocacy role with donors so that in addition to promoting collaboration in the field, concerted effort is made to incorporate research findings in the future work that these organizations fund.
30. The project should investigate the feasibility of conducting a brief training course for the new class of International Development Interns (IDI) that will join USAID in January 1998.

Recommendations for FRONTIERS

Research

31. The FRONTIERS project should put greater emphasis on developing and using qualitative data collection methods, particularly participatory techniques.
32. The FRONTIERS project should continue to provide technical assistance and subproject support to both the Navrongo and Bazega community laboratories.
33. FRONTIERS staff and USAID/Washington must consider the mix of OR subprojects to be undertaken during the next five years. With responsibility for situation analyses moved to MEASURE, the project will be under greater pressure to undertake intervention experiments at a time when USAID missions are showing little interest in such experiments unless clearly and directly linked to local programs.
34. FRONTIERS staff will need to work closely with the MEASURE data collection contractor to ensure that situation analysis findings are applied and optimized in countries where they are undertaken.

35. The new project should undertake a participatory process to systematically develop its agenda. African and other international counterparts should be included in this process. USAID/Washington, CAs, and donors should be included to the fullest extent possible.

Technical Assistance

36. Provide concentrated technical assistance to select institutions to develop stronger operations research capacity. Use the resulting trained professionals to provide technical assistance to other subprojects.

37. Promote partnerships between the project and different organizations to aid and promote OR training at semipublic and private institutes. Possible collaborating institutions include CEFOREP in Dakar, the Unit for Teaching and Research in Demography (UERD) in Ouagadougou, and the Institute for Training in Demographic Research (IFORD) in Yaounde.

38. Capitalize on achievements and lessons learned by incorporating the three regional OR projects under a single cooperative agreement to develop inter-regional technical assistance opportunities. Although this activity would be costly, it would allow for a sharing of experiences among different geographic regions and among programs at different levels of maturity.

39. To expedite project work and steadily advance the progress of research, as well as its use and institutionalization, senior resident advisors should be placed in key countries.

Dissemination and Use

40. FRONTIERS should make a concerted effort to exchange information within the African region and throughout the world through topical seminars (similar to the postabortion care meeting to take place in New York in 1998), meetings, observations tours, and other South-to-South exchanges in which information can cross borders.

41. As Internet access grows among host-country counterparts, the new project should continue to explore ways to convey OR results using this medium.

42. FRONTIERS should develop a systematic program of formal and informal presentations of OR findings and planned activities for both USAID/Washington and partner CAs.

43. The project must maintain an activist role to ensure that research results are applied.

Crosscutting Issues

44. The OR project COTR and the FRONTIERS CA should target specific JPTs to ensure these team members are familiar with project work and possible in-country applications.
45. The project COTR, JPTs, and FRONTIERS should develop a strategy to approach Joint Programming Missions in Kenya, Tanzania, Uganda, Ethiopia, and South Africa to develop project activities in these countries.
46. If Joint Programming Countries are not interested in OR subprojects or technical assistance, consideration should be given to providing support to selective Joint Planning Countries.
47. Greater efforts should be made to disseminate lessons learned to donors at their individual headquarters. A donor strategy should be developed to gain further support for expanded OR activities. These activities could include presentations, donor seminars, or informal or formal meetings with key donor representatives.
48. The Office of Population should continue supporting Francophone countries like Burkina Faso that have been successful in testing important interventions that have regional application.
49. Periodic courses should be developed for PHN officers (as part of a State of the Art [SOTA] training course) and IDIs to improve their understanding of what operations research is and how findings can be better used.

1. INTRODUCTION

1.1 Project Overview

The Africa Operations Research and Technical Assistance Project II (Africa OR/TA II), implemented by the Population Council, began in September 1993. The project is one part of the global umbrella project "Strategies for Improving Service Delivery" (Project No. 936-3030) that also supports operations research (OR) activities in the Asia and Near East, and Latin American and Caribbean regions. The project builds on and extends a foundation of operations research and technical assistance activities initiated under the prior contract with the Population Council, Africa OR/TA I.

The goals of the umbrella project are to improve the quality, accessibility, and cost-effectiveness of family planning (FP) and maternal and child health (MCH) service delivery systems, and to strengthen institutional capacity to use operations research as a management tool to diagnose and solve service delivery problems. The objectives of the Africa OR/TA Project II are to increase understanding of how to improve family planning services in sub-Saharan Africa, and to apply operations research and technical assistance to this improvement process. The means through which these objectives are to be achieved include the following:

- C Increasing access to a full range of family planning services and methods,
- C Developing service delivery strategies that are client oriented and acceptable to special population groups,
- C Improving program operations to make them more efficient and financially sustainable,
- C Improving the quality of existing services, and
- C Strengthening the capabilities of family planning program managers to use operations research to diagnose and solve service delivery problems.

The specific activities of the Africa OR/TA Project II include the following:

- C Identifying regional and country-specific family planning operations research and technical assistance needs;
- C Providing technical assistance to solve service delivery problems;
- C Preparing OR subproject protocols in collaboration with host-country

counterparts;

- C Aiding the design and implementation of research studies, providing technical assistance during all phases of implementation and application of research findings, and conducting workshops to teach operations research concepts and research methodology;
- C Developing a field research station to support a cluster of intensive research and technical assistance activities to address major issues in the improvement of family planning services in Africa;
- C Disseminating operations research methodologies and subproject results in host countries and throughout regions; and
- C Institutionalizing operations research as a problem-solving tool for family planning managers.

This five-year, \$19.4 million contract will end in September 1998.

1.2 Purpose of the Evaluation

Following are the purposes of this evaluation, as defined in the scope of work for the assignment (see Appendix A):

- (1) To assess the extent to which the project has accomplished its objectives, the quality of its work, and the effectiveness of the activities to date, particularly considering policy changes and program improvements.
- (2) To examine the usefulness of the dissemination activities to date, as well as the proposed approaches to disseminating and using research results.
- (3) To make recommendations for the final year of the project, particularly emphasizing dissemination and use, and for the implementation of the Frontiers in Reproductive Health project (FRONTIERS).

Three management reviews of the project were carried out in January 1995, 1996, and 1997. Findings of these reviews showed that administration, reporting, and financial management of the project has been appropriate. Thus, the evaluation does not focus on these areas of project implementation.

1.3 Evaluation Methodology

Qualitative data for the evaluation were collected using Rapid Assessment Methods (RAM). The team conducted numerous in-depth interviews with key informants, facilitated several group discussions with subproject staff and participants, attended two workshops, and used direct observation during site visits in six countries where operations research and technical assistance activities have been carried out. (A list of persons interviewed is attached as Appendix C.) The team examined many of the project reports, manuals, newsletters, and papers listed in Appendix B, and viewed the project's Internet website.

Fieldwork for the evaluation took place between September 3 and September 24, 1997. During the first week, the three-person team (Adamchak, Pressman, and Wolf) worked in Washington, D.C., participating in briefings with USAID staff, reviewing documents, and interviewing relevant Population Council partners and members of the project Technical Advisory Group (TAG). En route to Kenya, the team spent one day at the New York City offices of the Population Council, meeting U.S.-based staff and administrative personnel. The entire four-person team (including Sy) met in Nairobi with staff of the regional office (including representatives of other Population Council projects), USAID/Kenya, Regional Economic Development Services Office/East and Southern Africa (REDSO/ESA), and project partners.

The team made site visits between September 15 and 24, visiting six countries: Kenya, Zambia, and Zimbabwe (Pressman and Wolf); and Burkina Faso, Ghana, and Senegal (Adamchak and Sy). The team traveling to West Africa stopped in Cote d'Ivoire for meetings with REDSO/West and Central Africa (WCA) and staff of the SFPS. During the week of September 29, the team reassembled in Washington to prepare the report, conduct final telephone interviews, and brief USAID and Population Council staff on evaluation findings and recommendations.

The chapters of this report correspond to the major topics identified in the scope of work: research, technical assistance and institutionalization, dissemination, use of research results, and crosscutting issues. Recommendations for the final year of the project are listed at the end of each chapter. The final chapter includes a list of recommendations to be considered during the implementation of the new global OR project, FRONTIERS.

1.4 USAID Programmatic, Organizational, and Financial Context

During the period of project implementation, notable changes have taken place within USAID, as well as in the global family planning and health context. These changes have had an impact on the Africa OR/TA Project II and its implementation.

1.4.1 Reproductive Health Agenda

Preparations for the 1994 International Conference on Population and Development (ICPD) in Cairo and adoption of the principles developed at the conference led to the formulation of a reproductive health (RH) approach within the Office of Population. USAID's reproductive health approach centers on family planning, includes related issues such as safe pregnancy, HIV/AIDS/STD, and harmful traditional practices, and emphasizes the integration of program activities. Because of this change in priorities, USAID/Washington staff asked the Africa OR/TA Project II to realign its focus from family planning service delivery issues (as stipulated in its contract) to a broader reproductive health agenda (see Section 2.1).

1.4.2 Changes in Country Programs

During 1994 and 1995, USAID closed missions in a number of countries in which the project had expected to work, including Botswana, Burkina Faso, Cameroon, Cote d'Ivoire, and Togo. Project work was also limited in Nigeria due to political constraints. The development and approval of a policy on research in nonpresence countries permitted the project to continue to establish activities in Burkina Faso. Further, the West Africa Regional Family Health and AIDS Prevention Project (SFPS), managed by REDSO/WCA, has also provided support for activities in Burkina Faso and Cameroon.

1.4.3 Introduction of Field Support and Metering

Primary funding for the contract comes from the Office of Population within USAID's Global Bureau Center for Population, Health and Nutrition (G/PHN/POP). USAID missions have also provided funding for activities of special interest that are within the scope of the contract. Obligations as of September 1997 totaled \$17.071 million in the "C" contract (\$11.895 million in core funds, \$5.176 million in field support), with an additional \$2.339 million in the "Q", or requirements contract, from mission buy-ins.

The field support system has had two main effects on the project. First, it accelerated the use of the "C" contract to access services from the project. As a result, the project reached its ceiling more quickly than anticipated and used its level of effort (LOE) faster than expected. The contract was modified to increase the number of activities; the number of subcontracts was increased by 10 so that the contract now calls for 30 to 50 subprojects (depending on their size and complexity), and the number of institutional strengthening workshops was increased from 6 to 10. As of September 1997, 23 subprojects were completed and final reports submitted to USAID, 20 subprojects were in progress or under development, and 28 workshops had been held. Thirty technical assistance activities were completed; and eight were underway.

The introduction of metering in fiscal year 1995 forced the project to slow its implementation of several subprojects, mainly due to staff constraints. Although the project maintained an adequate financial pipeline, budget uncertainties did not permit the director to fill a staff position made vacant by the resignation of an associate in the Nairobi office. This vacancy and the vacancy created by the promotion of the deputy director to director left an already pressed staff further burdened for more than one year. However, the Population Council developed a creative and adaptive response to the limited staff resources by introducing its OR Fellows Program. Four fellows were recruited and assigned responsibility for subprojects in Kenya, Senegal, Mali, and Burkina Faso.

2. RESEARCH ACTIVITIES

2.1 Setting the Agenda and Developing Country Strategies

The Africa OR/TA Project II team made many adjustments to their five-year agenda as changes occurred in USAID's presence countries, ways of doing business, and technical priorities. The team developed their full agenda and country-specific strategies in a systematic, often iterative way, making midcourse corrections as necessary. The lesson learned and applied from the prior Africa OR/TA project was to not become overcommitted by taking on too many activities.

To identify problems to research, the team used many sources, including consultations with counterparts; proposal writing workshops, such as those held in Senegal, Mali, Tanzania, Zambia, and Botswana; results of diagnostic studies; and input from USAID (G/PHN, the Africa Bureau, missions, and REDSOs) and other donors, including the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the Department for International Development (DFID), and the Rockefeller Foundation. All technical assistance and subproject activities were undertaken in response to requests from program managers and policymakers. In particular, intervention studies were only undertaken when requested by a local organization, the mission, or occasionally USAID/Washington, because it is imperative that such studies be context-linked to ensure use of results.

Country strategic workplans were developed in all project focus countries? Botswana, Burkina Faso, Kenya, Mali, Senegal, Tanzania, Zambia, and Zimbabwe. These workplans were developed through a consultative process whereby project staff visited the country and met with USAID staff, ministry officials, and Cooperating Agency (CA) representatives to determine the priorities in service delivery research. In many instances, these consultations led to requests for situation analyses to identify new problems with service delivery subsystems or verify the existence and extent of weaknesses in programs.

Project staff do not systematically revise these country strategies with either USAID staff or counterparts; rather, strategies are revisited informally as new activities emerge or planned activities are dropped. As USAID underwent the re-engineering process and developed new strategic objectives, existing operations research agendas were not necessarily reformulated; four strategies were developed in 1995 and 1996 after USAID changes had taken place. Unless USAID's priorities in a country changed drastically, the previously negotiated research plan most likely continued to be consistent with the mission's strategy. In some cases, strategies were left sufficiently flexible to accommodate newly identified tasks. Nevertheless, it would be prudent for project staff to periodically communicate with the mission and examine whether the operations research agenda should be adjusted.

In addition to the work in priority countries previously described, the Africa OR/TA Project II has a number of activities in other countries and conducts regional activities. These activities are undertaken at the request of local organizations or the USAID mission and are funded through the field support mechanism. Regional activities are generally identified in collaboration with REDSO/ESA and WCA and the appropriate missions. The Africa Bureau-sponsored meeting on

the integration of sexually transmitted infections (STI) programs with family planning programs, *Setting the African Agenda,* with participants from 18 countries, was an opportunity to develop a regional agenda for the Africa OR/TA Project II.

Despite the multiple channels for setting the research agenda and the participation of numerous stakeholders, the project would benefit from more interaction with USAID/Washington and U.S.-based CAs to determine whether country strategic plans and USAID Strategic Objectives are well integrated. Furthermore, USAID/Washington, field missions, and REDSOs must assume greater responsibility for orchestrating all the participants contributing to a country program. If there is to be greater cooperation, collaboration, and use of research findings, the onus to coordinate program participants cannot fall exclusively on the research organization.

2.2 Research Scope and Quality

The Africa OR/TA Project II has clearly responded to USAID/Washington's request to diversify the project's research portfolio to encompass a broad, reproductive health agenda. The research topics listed in Table 1 correspond with USAID's Strategic Objectives. Project activities are being carried out in a mix of African countries, reflecting both mission priorities and the Population Council's willingness to optimize "windows of opportunity" as they present themselves.

Table 1

Research Topics

Topic	Country
Adolescents	Botswana, Ghana, Zambia
CBD of FP/RH	Burkina Faso, Ghana, Kenya, Zambia, Tanzania
Cost-effectiveness	Ghana, Kenya, Tanzania, Regional
FGM	Burkina Faso, Mali, Ghana
Male Involvement	Kenya, Tanzania
Postabortion Care	Burkina Faso, Kenya, Senegal
Quality of Care	Botswana, Burkina Faso, Ghana, Kenya, Senegal
STD/HIV/AIDS	Botswana, Kenya, Uganda, Zambia, Zimbabwe, Regional
Situation Analysis	Botswana, Burkina Faso, Cameroon, Ghana, Kenya, Senegal, Zanzibar, Zambia, Zimbabwe, Regional

The research topics listed in Table 1 reflect the new emphases in reproductive health and build upon the Population Council's demonstrated strengths. In particular, the work with adolescents, postabortion care, integrated services, and female genital mutilation (FGM) are likely to yield important contributions to the field. As an example, postabortion care studies in Kenya, Burkina Faso, and Senegal have already led to improved services for women in these countries. The Kenyan study dispelled inaccurate perceptions about the characteristics of women seeking care; revealed new information about quality of care, including duration of stay, pain and control practices, infection prevention, and patient-provider interactions; and resulted in new means of providing postabortion family planning. In Burkina Faso, preintervention investigation revealed that postabortion family planning services were nonexistent in the country. The project introduced services in hospitals in Ouagadougou and Bobo Dioulasso, collaborating with UNFPA to construct a clinic on the grounds of the Ouagadougou hospital to provide postabortion patients and local women with access to reproductive health services.

In response to the AIDS pandemic and to an interest in meeting a broader array of reproductive health care needs, many maternal and child health and family planning programs worldwide have promoted the integration of STI management practices during the past few years. To date, few studies of the results of these integrated programs have been conducted. To address this lack of data, the OR/TA project conducted a series of program studies in Kenya, Uganda, and Botswana. The synthesis of these case studies (Maggwa and Askew 1997) provides evidence of how an

integrated approach has been implemented in a variety of contexts, and offers recommendations for strengthening similar programs. The case study research points out the need for future research to assess the effectiveness of the integrated approach and determine its cost-effectiveness. Additionally, the research highlights the need to carefully examine whether this curative approach to reduce the transmission and prevalence of STIs is preferable to a behavioral change approach.

Finally, work with the "Commissariat à la Promotion des Femmes" of Mali has led to the announcement of an action plan for the eradication of female genital mutilation in a country in which 94 percent of women ages 15 to 49 have had the procedure.

Development and refinement of research instruments is a participatory process, with all agencies involved in the research project represented during instrument preparation. During this evaluation, teams in Senegal and Burkina Faso were sequestered in day-long meetings laying the foundation for new situation analyses in these countries. Technical proposals and data collection instruments are reviewed by the project director and relevant deputy director, and then circulated among staff of the Population Council International Programs Division and the project Contracting Officer's Technical Representative (COTR) for additional comments and suggestions.

2.3 Mix of Research Types: Diagnostic, Evaluative, and Intervention

At the time of the evaluation, the project had initiated 47 OR subprojects; 22 were completed, 25 were ongoing. As seen in Table 2, nearly half of the studies are diagnostic or evaluative, reflecting the intentions of program managers and USAID missions to identify family planning and reproductive health program weaknesses, correct problems, and monitor efforts. Twelve diagnostic and evaluative studies are situation analyses. One-fifth of the studies are interventions, such as testing new methods of service delivery and improved quality of care, and linking family planning services with postabortion care.

Table 2**Type of Operations Research Activities**

Type of Study	Number of Studies Conducted
Diagnostic	4
Evaluative	8
Diagnostic/Evaluative	8
Intervention	10
Institutionalization	17
Total	47

2.3.1 Intervention Studies

The Africa OR/TA Project II contract calls for both diagnostic activities and "traditional," or intervention, operations research projects; Table 2 shows the distribution of study by type and reveals a balanced portfolio. Although USAID/Washington had expectations of a greater proportion of intervention studies, the project has found that USAID missions are more interested in diagnostic or evaluative studies, particularly situation analyses, as previously discussed. The choice of subproject type may also be influenced by the maturity of the program. More established programs may require more diagnostic or evaluative studies; newer programs may request experimental interventions to shape new modes of service delivery. Both types of programs may use small-scale interventions to test new, possibly controversial services such as community-based distribution (CBD) or postabortion care.

The project has used experimental or quasi-experimental designs traditionally associated with operations research in at least five countries: Burkina Faso, Ghana, Kenya, Senegal, and Zambia. In Burkina Faso and Ghana, large-scale studies testing different models of community-based service delivery and use of different levels of service providers are being fielded. In Kenya, an experimental design was planned to test different modes of delivering postabortion family planning (though the design was compromised somewhat by the spontaneous adoption of a project intervention in one test site). Senegal is testing the effect of the improved quality of services delivered at model clinics; Zambia is testing and comparing community-based strategies to improve the reproductive health of youth.

At the time the evaluation was conducted, the majority of intervention studies were still

underway (including three on postabortion care, three on community-based distribution, and one on quality of care), while three-fourths of the situation analyses had been completed. Because results are not yet available, intervention studies are discussed in the following sections in less detail than would be desired. Institutionalization is covered in Chapter 3. Ongoing and innovative studies regarding adolescents, males, female genital mutilation, the integration of family planning and STI services, and cost analyses may all yield interesting results during the final year of the project.

It was clear during the course of the evaluation that the categorization of subproject by type is somewhat fluid. Indeed, the project has been called upon to carry out research that is broader than that classically defined as operations research. At least one member of the project Technical Advisory Group suggested that USAID rethink its contract requirements and de-emphasize the number of subprojects or the specific type of study to be carried out.

2.3.2 Situation Analyses

The Africa OR/TA Project II will conduct 12 situation analyses in 10 countries by the end of the project. To date, 9 have been completed, and 3¹ Senegal, Cameroon, and Guinea² are in various stages of implementation. The situation analyses have become a popular tool for program managers, USAID missions, and representatives of other funding agencies. Several countries have requested second, or in Senegal, third rounds of the situation analysis to monitor program performance. With the shift to field support funding, USAID missions have requested more of these studies, raising concerns from USAID/Washington staff that too large a proportion of project resources was being used for these studies. However, the project must be responsive to mission requests to meet local needs, and is on target with the number of situation analyses carried out under contract requirements.

The Population Council recently published an updated manual for conducting a situation analysis (Miller et al. 1997). The manual is clearly written and includes an introduction to conceptual issues, as well as instructions for all phases of the situation analysis. Model data collection instruments are included together with question-by-question guides to selecting questionnaire items. These materials are available on diskette from the Population Council. The Population Council has tried to standardize the questionnaires to the extent possible, while maintaining their flexibility to respond to individual country needs. For example, the situation analysis carried out in Senegal in January 1997 was modified to include information on child survival activities to assess distribution of oral rehydration materials and related equipment. The Zambia Situation Analysis now being analyzed also includes a series of items to assess indicators for child survival interventions.¹

¹ Other organizations have carried out at least seven other situation analyses in Africa and elsewhere. This approach has been applied to other services such as abortion and obstetric care.

Data collection teams are typically trained for two weeks before going into the field, and are routinely supervised to assure data quality. Countries in which more than one situation analysis have been conducted? Senegal, Zimbabwe, Burkina Faso, Kenya, and Ghana? have been able to use previously trained interviewers, building local capacity and facilitating project progress.

Data analysis, as presented in the reports reviewed by the evaluation team, appears to be appropriate and of good quality. Particularly in the case of the situation analyses, but for some other research studies as well, data interpretation workshops are held with the participating agencies and staff of service delivery points. In some cases, project staff or host-country counterparts prepare a set of up to 100 graphs and charts representing the research findings; these are discussed at length, and the underlying causes identified. Final reports incorporate the input of the wide range of participants, contributing to the salience of the reports and the sense of ownership by the partner agencies.

The main use of the situation analysis results is to improve family planning and reproductive health programs. OR interventions are occasionally developed, but they are not always called for, in large part because the situation analyses so clearly identify weak functions within the service delivery systems that can be improved through direct intervention rather than through experimental testing.

Situation analysis findings are used for the following activities:

- C Design interventions to improve commodity supply systems, management information systems (MIS), supervision, etc;
- C Revise training curricula;
- C Develop refresher training;
- C Create or revise service norms and standards;
- C Create or revise national family planning or reproductive health strategies; and
- C Develop indicators for routine supervision.

Two regional workshops were convened for program managers; the first in Nairobi in May 1996 had 32 participants, the second in Dakar in June 1997 had 104 participants. The two goals of these workshops were to identify ways managers can be better supported in using situation analysis findings and to propose how the process of conducting the situation analysis can be changed to encourage maximum use of the data collected. Participants made the following suggestions:

- C Increase involvement of providers and regional supervisors in the situation analysis process;
- C Conduct decentralized meetings for planning issues and developing questionnaires;
- C Encourage horizontal (regional) dissemination and workshops at all levels;
- C Send studies to all managers and share results with staff;
- C Introduce findings through regular administrative channels, with follow-up;
- C Plan programs for trainers to develop training implications revealed by the situation analysis; and
- C Present data to subnational regions.

Summaries of presentations from the Nairobi conference have been published in "Situation Analysis: How Can We Use It Better?" (Leonard 1997). This report, which provides a useful resource for program managers on the applications of the situation analysis methodology and the type of program weaknesses a situation analysis might reveal, should be distributed as a companion volume to the *Situation Analysis Handbook*. An announcement posted on the OR e-mail network in July 1997 summarized issues raised at the Dakar conference.

Finally, the project has compiled a database of all situation analyses carried out under both Africa OR/TA I and II. The database includes all questionnaires, variable names, final reports, and all data from each study on computer diskette, in Statistical Package for the Social Sciences format. Copies of the database are maintained in New York, Nairobi, Dakar, and at USAID/Washington. Data have been used by Population Council staff for in-depth and cross-national studies, and by several other organizations, including the UNFPA and Tulane University.

Responsibility for conducting situational analyses has moved to the new MEASURE Project, presumably to be used in conjunction with other data collection methodologies to assess reproductive health knowledge, attitudes, and practices and service availability. However, what has made the situation analysis a successful tool is its value not just in measuring the quality of services, but in bringing together service providers, program managers, non-governmental organizations (NGO), ministries of health (MOH), and the donor community to better understand the components contributing to high-quality programs, and to identify opportunities for change and improvement. The evaluation team is concerned about follow-on activities to the situation analysis, such as data interpretation workshops and national and regional seminars, which the Africa OR/TA II does well. Although these activities will probably be covered under one of the

MEASURE packages, USAID and the FRONTIERS CA must be alert to opportunities for coordinating the implementation of the situation analysis, timing and contractual requirements of partner CAs, and capacities of local service providers.

2.4 Use of Quantitative and Qualitative Methodologies

The project is much more reliant on quantitative methodologies than on qualitative ones, but has made an effort to use qualitative techniques when appropriate. For example, unique among the three regional OR/TA projects, staff in Zambia used the Participatory Learning Approach (PLA) to develop a youth reproductive health strategy. Twenty-eight MOH and NGO staff members participated in a week-long training workshop on participatory rapid assessment research methods. Focus groups have been used in developing a community-based health services program in Burkina Faso and Ghana. Simulated clients, focus groups, and in-depth interviews were used to assess perceptions of service quality in Kenya, and nonparticipant observation was used by resident researchers at postabortion care sites in Kenya. One staff member expressed a desire to have more qualitative skills represented among the Africa OR/TA Project II team.

2.5 Balance between Large- and Small-Scale Projects

The evaluation scope of work asks that the team "assess the balance between small subprojects focused on country-specific issues and larger-scale subprojects with potentially greater impact." Africa OR/TA II staff consider seven activities to be "large scale": Ghana and Burkina Faso's community health and family planning projects; Senegal's series of three situation analyses; Kenya's postabortion care study carried out in six sites; NGO strengthening in Botswana; the study of adolescent credit schemes and peer counselors in Zambia; and the cross-national study of integrated service delivery in progress in three countries. Each of these larger subprojects consumes a tremendous amount of dedicated staff time, typically over several years. Perhaps with the exception of the Senegal Situation Analysis, the findings expected from the projects will have application in different countries if they are appropriately disseminated and their utility widely discussed. It is unlikely that the project could have undertaken any additional large projects given time, resource, and staff constraints, and the growing reliance on field support funds.

2.6 Navrongo Health Research Centre

The contract for the Africa OR/TA Project II states that "The development of an operations research field station in a selected African country will be explored at the outset of the contract....This station will provide the site for a cluster of more intensive, carefully monitored, longer-run research activities aimed at addressing major issues in the improvement of family planning services in Africa." The project is collaborating with the Navrongo Health Research Centre (NHRC) in northern Ghana (900 kilometers or 14 hours by road from Accra, the capital) to implement the Community Health and Family Planning Project (CHFP). The NHRC was chosen in part because the Rockefeller Foundation is financing the Demographic Surveillance System, which is fundamental to the on-site research, and in part because the Population Council Research Division has had established research contacts there since August 1992.

The CHFP project is a four-year study (May 1994 to April 1998). The first year was used to collect baseline data in four experimental cells and one control cell, to involve community members in the intervention design, and to micropilot the planned interventions in three communities. The cells of the micropilot tested alternative operational policies and provided new modes of service delivery, new community outreach schemes, and new approaches to volunteerism. To assess the impact of the scheme throughout the project area, researchers looked to "bottom-up" communications by conducting focus group studies on social organization and cultural patterns to gauge community reaction to preliminary field activities. Indeed, local residents[?]including traditional birth attendants, community-based distributors, and traditional chiefs[?]accompanied the project director to Accra to confer with the MOH about how to tailor the project to meet their needs.

The project data collection included baseline surveys, a management information system, and longitudinal demographic surveillance. The intervention used traditional social cooperation, or "zurugelu," to mobilize the community for family planning and reproductive health. Nurses from local clinics were redeployed to selected cells of the experimental area. In addition, a program of reproductive health studies is built into the project. The scaled-up experiment began in early 1996 and was fully operational by midyear.

This largest single intervention of the OR/TA project has made important advances in the field while confronting a series of administrative and interpersonal conflicts. Early on, Navrongo Centre staff, accustomed to conducting epidemiological research in malaria and Vitamin A, disagreed about the way to conduct operations research. Their preference was to conduct extensive epidemiological studies to lay the groundwork for the subsequent operations research, studies for which the project did not have resources. The Centre staff, all highly trained and experienced, did not always recognize the skills and expertise offered by the OR/TA team, creating additional conflict. Relations were further strained by misunderstandings about the roles, rights, and responsibilities of the Centre, the OR/TA project, the researchers of the Population Council Research Division, and USAID.

A Spring 1997 meeting with representatives of the Centre, the Population Council, the

Rockefeller Foundation, and USAID appears to have somewhat alleviated these problems. Research is progressing and data from the initial rounds of data collection are being processed. The Centre does face a publication backlog; results are being presented at international conferences, but few reports have been published as working papers or in professional journals.

2.6.1 Prospects for Applying Research Findings beyond Navrongo to Ghana

Prospects for expanding the service delivery aspect of the project are good; steps have already been taken as more health staff become familiar with the project. The decision to replicate service delivery elements rests with the district medical officers (DMO) and their staff, because decisions to support such programs are based on local priorities under Ghana's decentralized health system. Replication of the research element would be more complex and costly, but it need not be duplicated in all sites.

Several opportunities to expand to other parts of Ghana are already evident.

- C Twelve DMOs from Volta Region arrived the week after the evaluation team visited to learn about project activities for possible adoption.
- C The Regional Director of Health Services of the Upper West region visited with two senior health officers to study the community-based intervention. The regional director plans to introduce a similar program that includes community deployment of CHOs.
- C Bongo District has also sent nurses out into the community, but its effort has not been as successful because the nurses were not provided with motorbikes.

Indirect opportunities for expansion also exist, particularly through familiarizing and training future health professionals.

- C The principal of one community nursing school arranged to have all final year students spend three days in the field accompanying the CHOs. Last year two groups of about 16 students each participated; 16 more will come in November 1997. Now, the principals of the other three community nursing schools in the country wish to send their students as well.
- C The University of Ghana School of Public Health sent two groups of 12 and 18 students to observe the program during the past academic year and has plans to repeat the field visit. One student returned to Navrongo for a four-month internship after completing his degree.

The decision has been made to formalize the training capacity of the staff at the Navrongo Field Station, and they will begin offering training for district health management teams as a way to disseminate project experiences. Navrongo staff are working with the Human Resources Development Division of the MOH and the health team of Volta Region to develop modules on community entry and participation; district health systems; management information systems; field epidemiology; and operations research. A curriculum has been developed, and the modules are currently under development. The Human Resources Development Division will post a training coordinator at Navrongo, and resource people from other regions will be trained to assist with the courses.

2.6.2 Lessons for the West African Region

Community-based distribution is still a novel approach to family planning and reproductive health service delivery in West Africa, and other countries in the region may benefit from the Navrongo experiences. To encourage widespread interest, the project needs to identify a package of core activities and estimate the cost of each component. A clear concept paper describing the project and its associated costs would be a useful tool both in eliciting interest from other governments or subnational administrations and in developing support among donor agencies.

The placement of the CHOs in the community and enlistment of community support to construct the residential and service compounds for them has been an important feature of the CHFP project. The three CHOs visited cited their increased pride and self-confidence in their expanded role, and community members clearly value having an easily accessible health resource.

The Community Volunteers (YZ) in Ghana and the community volunteers in Bazega (see Section 2.7) are demonstrating that community motivation and supply is successful in West African contexts. Community management teams that supervise and monitor the activities of the YZs have been an important link in enlisting community support and assuring accountability among the volunteers.

The Navrongo Health Research Centre is collecting a wealth of data through its demographic surveillance system, panel surveys, and project-related management information systems. Recent developments in statistical software will help in analyzing longitudinal data, and innovative ways of linking the different data sets are now being explored. The Centre, in general, and the CHFP project, in particular, must make strides to analyze and publish the vast amount of data available to share results and information with national, regional, and global counterparts.

Finally, the Navrongo Centre can serve as a key site for program managers and researchers to view these new operations research interventions in the field. With appropriate support staff, the Centre can accommodate visitors for observational travel and training. Efforts should be made to reinforce this capacity, without distracting key researchers from their work routines.

2.7 Bazega Field Station

The MOH in Burkina Faso has decided to concentrate all applied community-health research in one region of the country, Bazega Province, identifying this as a community health laboratory. A small research center will be established on the grounds of the district medical center, located 45 kilometers from the capital, Ouagadougou. The Africa OR/TA Project II has worked closely with the Ministry's Division of Family Health (DSF) and other partners to develop and test a community-based distribution program that will carry contraceptives and basic medications to homes. These basic medications now include chloroquine, acetal salicylic acid, oral rehydration solution, and information and education on AIDS/STD and excision. In the future they will include vitamin A and panadiol (iodine) services for pregnant women. The MOH has clearly demonstrated its commitment to institutionalize the program and research capacity by donating a building to house project staff and by assigning an appropriate staff member as project director.

Observers have questioned the value and cost-effectiveness of supporting large, field-based research programs in nearly contiguous areas of two different countries? Bazega, located in southern Burkina Faso, and Navrongo, just across the border in northern Ghana. However, rather than posing a weakness the program similarities may be a source of strength to justify continued collaboration with the Bazega field staff. Demonstrating project success in both Anglophone and Francophone African cultural and administrative contexts will be extremely important in supporting replication in other countries in the region. Ethnic homogeneity in the region allows researchers to control for some cultural effects that may affect program implementation. The proximity of research teams, soon to be improved with the completion of a new road, will allow for cross-national collaboration and exchange of experiences.

Other benefits to the community-based distribution program in Bazega include the following:

- C Increased access to reproductive health services, particularly family planning;
- C A test of a cost-recovery mechanism for community-based distribution based on the Bamako Initiative;
- C A model of multiorganizational collaboration including the MOH; University of Burkina Faso; NGOs; international organizations such as the Cooperative League of the United States of America (CLUSA), the Population Council, the Rockefeller Foundation, and USAID;
- C The first experience in Burkina Faso in public sector community-based distribution, and only the second example in Francophone Africa; and

- C The first activity put in place at the MOH Community Health Laboratory, which with the assignment of a MOH staff member underscores Ministry commitment to this model.

2.8 Technical Assistance

Although technical assistance is discussed in the following chapter, it should be noted here that host-country counterparts interviewed by the evaluation team valued the technical assistance provided during the implementation of the subproject. Several respondents mentioned personality differences or insufficient contact with Population Council staff, but respondents mainly thought the technical input was timely, professional, current with new developments in the reproductive health field, supportive, and collegial.

2.9 Recommendations

1. Country strategy development has been appropriately conducted. However, USAID/Washington and U.S.-based CA staff have not been fully engaged in the strategic planning process. Formally presenting initial and annual workplans in Washington could help USAID staff become involved in agenda development.
2. Country strategies should be periodically reviewed with USAID missions and host-country counterparts to assess progress and identify needed revisions.
3. The Africa OR/TA Project II should prepare a brief report documenting its experience with the Participatory Learning Approach in Zambia.
4. The project should prepare a series of brief 10 to 15 page monographs on its findings on selected cross-national research themes, such as postabortion care, female genital mutilation, adolescent services, community-based distribution, and integrated reproductive health services. These monographs should be attractive, easily understood reports written in layperson's terms. They should be widely distributed particularly among African colleagues, including those not participating in subproject activities.
5. Technical assistance, particularly focused on analyzing and writing up data, should be provided to the Navrongo Centre during the final months of the subproject. Research results should be made available as soon as possible. A Population Council Fellow, mutually acceptable to both Navrongo and project staff, could be identified quickly and then placed at the Centre to participate in the end-of-subproject analysis.

3. TECHNICAL ASSISTANCE, TRAINING, AND INSTITUTIONALIZATION

3.1 Technical Assistance

Technical assistance, as specified in the Africa OR/TA Project II scope of work, comprises both assistance provided in conjunction with specific subprojects and that provided ad hoc or not in conjunction with a subproject. Technical assistance continues to be a valuable addition to the applied research conducted by the project. In conducting intervention subprojects or situation analyses, the project staff work closely with host-country organizations from the early stages of problem identification through all phases of implementation, analysis, and dissemination. This work constitutes a form of continuous technical assistance. Non-subproject technical assistance can take the form of workshops, training courses, strategy development, secondary data analysis, and capacity building for either institutions or individuals. This chapter focuses primarily on non-subproject technical assistance.

From an administrative standpoint, non-subproject technical assistance is quantified by the number of days of assistance provided² at least five working days. This evaluation did not cover the percentage of budget spent on technical assistance; however, approximately half of the activities conducted under Africa OR/TA II are characterized as technical assistance. The organizations to which the project provides technical assistance include many of the International Planned Parenthood Federation (IPPF) affiliates (Burkina Faso, Kenya, Ghana, Tanzania), regional research organizations (CERPOD), the Center for African Studies (CAFS), MOHs, statistical and research units within MOHs, and CAs.

Technical assistance activities are too many to enumerate here, but the following is an illustrative list of the project's diverse activities that typifies the technical assistance the project has provided.

- C Burkina Faso: Assisted in baseline surveys in five provinces to expand the role of traditional birth attendants as family planning providers (Division of Family Health, MOH, 44 days).
- C Zambia: Assisted with a CARE/WHO/MOH study to expand contraceptive choice by introducing injectable contraceptives, female condoms, and emergency contraception (85 days).
- C Mali: Prepared a national strategy and action plan against female genital mutilation (Commissariat a la Promotion Feminine and local NGOs, 84 days).
- C Ghana: Strengthened the operations research and program evaluation capacity of the Planned Parenthood Association of Ghana (Planned Parenthood Association of Ghana (PPAG), 60 days).

- C Tanzania: Provided technical assistance to the family planning unit to support NGOs in developing operations research proposals and instruments (MOH, 50 days).

3.2 Training

A substantial portion of non-subproject technical assistance is provided through training or formal workshops. Table 3 provides a list of training workshops and participating organizations. Covering a range of organizations, the training workshops encompassed a variety of topics, including operations research methodology and proposal development, data analysis, strategic planning, and the application of research protocols to solve programmatic problems.

Although several workshops were large, having more than 80 participants, the majority were small, intensive sessions permitting in-depth coverage of topics and small group or individual interaction among the trainees. According to interviews with MOH staff, donor organizations, and participants, the workshops were of high quality and resulted in individual capacity building.

Table 3**Training Workshops**

Topic	Location n-national, r-regional		Participants
Quality of Care	Nairobi	(n)	NGO staff (20)
Situation Analysis	Senegal	(r)	Regional training team (25)
Situation Analysis	Nairobi	(r)	Regional training team (15)
Computing Training	Burkina Faso	(n)	MOH Staff (?)
Qualitative Research	Zimbabwe	(n)	ZNFPC, UZ researchers (6)
Operations Research	Burkina Faso	(r)	NGO health managers
FP/STI integration	Nairobi	(r)	RH managers, donors, CAs (150)
Operations Research	Senegal	(n)	Regional MOH staff (80)
Proposal Development	Senegal	(n)	PNPF staff (15)
Strategic Planning	Zimbabwe	(n)	ZNFPC and MOH staff (30)
OR; Proposal Development	Tanzania	(n)	MOH and NGO staff (18)
Computing Skills	Zimbabwe	(n)	ZNFPC staff (4)
OR; Proposal Development	Botswana	(n)	NGO staff (approx. 30)
OR; Proposal Development	Senegal	(n)	PNPF and NGO staff (13)
Strategic Planning	Zimbabwe	(n)	ZNFPC staff (5)
Situation Analysis	Nairobi	(r)	RH managers, donors, CAs (80)
Strategic Management	Botswana	(n)	NGO staff (approx. 40)
Participatory Rapid Appraisal	Zambia	(n)	MOH, NGO, University (28)
Data Analysis	Botswana	(n)	NGO staff (approx. 30)
OR; Proposal Development	Mali	(r)	MOH and NGO staff (17)
Data Interpretation, Presentation	Nairobi	(n)	NCC program managers (5)

Cost Analysis	Nairobi	(r)	OR/TA Project staff (6)
Situation Analysis	Senegal	(r)	Program managers (105)
Advanced Data Analysis	Zimbabwe	(n)	ZNFPC staff (5)

One host-country organization suggested that fewer organizations be represented at each training session and more individuals be trained from the same institution. Although this approach would reach fewer organizations, it would have a greater impact on strengthening capacity within participating groups.

3.2.1 Situation Analysis Consultant Capacity

The project is consistently asked to implement situation analyses. As noted in Chapter 2, USAID missions and host-country counterparts find these situation analyses an easily used and interpreted tool to identify reproductive health program weaknesses. To cope with the growing demand for these studies, the project identified about 40 individuals in Anglophone and Francophone Africa to be trained in-depth in conducting situation analyses. The majority of these participants were people who had worked on situation analyses in their own countries and had demonstrated exceptional competence. In addition, as part of the effort to reinforce diverse research capacities at CERPOD in Mali, three staff members attended the Francophone training.

The goal of this training is to develop a cadre of professionals who can serve as consultants to other countries, freeing Population Council staff to work on other subprojects. Although consultants holding full-time public sector positions are not always available, consultants have been used in fielding situation analyses in Cameroon, Guinea, and Zimbabwe. Indeed, since the training took place every situation analysis has included one or two of these consultants. Also, CERPOD staff carried out a UNFPA-funded situation analysis in Mauritania.

3.2.2 Research Design, Proposal Development, and Project Management

The Africa OR/TA Project II has provided technical assistance through workshops and on-the-job training in research design, research instrument development, proposal writing, and project management. This assistance reinforces an organization's capacity to implement a consistent, logical project and to manage projects contracted to outside agencies. Although the Population Council provided funds to support some of the prepared proposals, in other cases they assumed an advocacy role to help secure funding from other sources.

For example, in Tanzania a workshop organized by the Reproductive Health Unit (RHU) of the MOH for its own staff and several key NGOs produced four proposals; funding is now being sought for these proposals. As mentioned, seven NGOs in Botswana collaborated to produce four proposals for research on adolescent reproductive health issues. The Senegal National Family Planning Program (PNPF) organized a week-long workshop for its staff and staff of key NGOs. In this workshop, participants developed three research proposals to address service delivery problems. The current study testing model clinics and client oriented, provider efficient (COPE) techniques to improve contraceptive continuation rates was a product of this workshop. Zimbabwe National Family Planning Council (ZNFPC) staff were trained to develop terms of reference for OR contractors and in-project planning and management.

3.3 Impact of In-Country Presence on Technical Assistance

In addition to holding formal training sessions, the Africa OR/TA Project II enhanced local capacity through long-standing relationships and informal training conducted during subproject implementation and the day-to-day presence of host-country social scientists (HCSS) and Population Council Fellows. The project places fellows and recruits HCSSs in countries where it is conducting numerous activities. Currently, fellows are working in Kenya and Mali, and HCSSs in Burkina Faso, Senegal, and Zambia. HCSSs from Botswana and Tanzania have completed contracts; fellows have completed assignments in Senegal and Burkina Faso. The countries having a significant number of activities without project staff assigned include Zimbabwe and Ghana.

These fellows and HCSSs strengthen local operations research capacity while overseeing day-to-day subproject operations. Furthermore, they enhance relationships with USAID missions and counterpart organizations. As can be seen from the array of activities in countries with such advisors, with only one exception² the placement of an HCSS or a country fellow fosters communication, collaboration, and identification of further issues to be investigated. These individuals also shorten the gap between research and service delivery by encouraging and participating in the application of findings and scale-up plans.

² The HCSS hired in Tanzania conflicted with staff of the USAID mission, which impeded the progress of the subproject and strained relations between the mission and other Population Council staff.

The Population Council has been very successful in hiring host-country staff, offering international work experience opportunities to personnel familiar with the local context, and often having long-standing and personal relationships with national population and health colleagues. However, although the presence of an advisor or fellow is generally viewed as positive, some advisors do not always feel comfortable with the CA community, most likely because they do not have a full understanding of relationships among CAs, the USAID mission, and USAID/Washington. Their experience is mainly limited to the host country, although they occasionally work in other countries where Africa OR/TA II subprojects are underway. Advisors and fellows can be further hampered by not having adequate administrative and secretarial support or by having limited staff. This appears to be the case particularly in Zambia, and to an extent with the fellow in Mali. Additional support is needed beyond the scheduled visits by the project director and deputy directors. In Zambia, the portfolio of activities is quite large and the HCSS is relatively new in her post. In this case, additional support from the Nairobi office will facilitate project implementation.

In addition, because of staff constraints during two years of the project, most of the fellows have assumed project implementation tasks that exceed those typically expected of a fellow. These fellows have had to contend with heavy workloads and significant autonomy. To their credit, virtually all of the fellows have surmounted the challenges they faced and have contributed professionally to project progress.

3.4 Technical Assistance beyond the Project Scope

With regard to the Africa OR/TA Project II technical assistance activities, some appear to fall outside of the mandate of the project or to better fit the mandate of another CA. For example, in the Senegal Mission, the project was instrumental in developing indicators for the mission strategy and was involved in the mission's re-engineering process. Further, the project conducted a literature review of work done in child survival, which was costly in terms of finances and staff time. In Botswana, the project was involved in strengthening the management capacities of local NGOs; yet other CAs have comparative strengths in management training.

The Population Council may be asked to provide assistance beyond its mandate when it is already working in country with a USAID mission or a host-country organization and there is no desire to bring in yet another group to provide specific services. But, this situation also arises when a good relationship exists between the Population Council and the USAID mission. The mission calls on the project to provide help with all sorts of activities, whether or not these activities constitute operations research.

3.5 Institutionalization

Institutionalization is an integrated activity of the Africa OR/TA Project II, and one of its priorities. It is the formal or informal transfer of operations research competencies to individuals or institutions, with the goal of improving reproductive health programs. The process of institutionalization, in the contractual framework of the project, comprises the following activities:

- C Teaching administrators and decision makers the means to use operations research;
- C Informing family planning and reproductive health agencies how to analyze and resolve problems, how to carry out operations research, and how to apply the results of this research;
- C Providing technical assistance and training for African researchers in developing operations research subproject protocols and implementing research with service delivery agencies; and
- C Providing technical assistance to disseminate operations research results.

3.5.1 Managers Using Operations Research

The Africa OR/TA Project II has helped foster these good management practices in a number of reproductive health programs:

- C A proactive approach to using OR,
- C Use of operations research as a program management tool, and
- C Use of operations research data and results for decision making.

A Proactive Approach to Using OR

Senegal's National Family Planning Program provides an example of a proactive approach to using operations research. PNPF observed low continuation rates among family planning users. Because of these low rates, PNPF decided to test two strategies to reinforce the quality of care and to measure the strategies' impact on the dynamics of contraceptive use. The first strategy model tests a small number of model clinics, centers of excellence that have been renovated and equipped with support from USAID, UNFPA, and the World Bank. The second recently initiated model introduces the COPE strategy in selected clinics, with technical support from AVSC, International. Program managers expect to review the findings from this model in mid-1998.

Use of Operations Research as a Program Management Tool

Both program managers and USAID have used operations research as a management tool. In particular, programs are increasingly relying on situation analyses to diagnose weaknesses and evaluate program implementation. The first situation analysis carried out in Senegal in 1995 revealed a multitude of problems at service delivery points, of which half have been solved or are beginning to be corrected. The problems included the following:

- C Long waiting time for clients
- C Price variations for contraceptives
- C Ruptures in contraceptive stocks
- C Offhand and unsympathetic behavior by service providers

The corrections were verified by a second situation analysis conducted in 1997 at the request of USAID/Senegal, as part of its effort to monitor changes to management and quality of care in four regions receiving support through the Child Survival and Family Planning bilateral agreement.

The main institutional impact of the first situation analysis in Burkina Faso was to raise awareness that the operations research approach is simple, requires motivation, and small projects with limited funds may yield an inversely proportional result. The Division of Family Health (DSF) in collaboration with other institutions made programmatic changes, such as developing a reference document on family planning and population, developing family planning standards and protocols, providing program management using data, and systematizing the means to pose and resolve problems. All of these efforts contributed to the creation of a research and statistics cell at the MOH. The second situation analysis was used by the MOH to orient the decentralization of World Bank financing. The disaggregated results for the regional level were used to reinforce and improve service delivery.

Use of Operations Research Data and Results for Decision Making

Every previous situation analysis has been used to improve programs. The findings of implementation studies have been used locally or nationally to introduce or expand new programs. To document intervention use, the Africa OR/TA Project II has done a series of case studies on the use and impact of operations research, revisiting several of the subprojects developed during Africa OR/TA I. One project executed by the Burkina Midwives Association (ABSF), "An OR Study to Test a Family Planning Motivation and Referral Program Using Satisfied Contraceptive Acceptors and Midwives," used satisfied clients to make home visits to give information to women and to refer them for other services to the clinic staffed by midwives. The results of the pilot study permitted the staff of the clinic to extend the volunteer services to distributing condoms, spermicides, and essential medicines, and providing counseling on breastfeeding, HIV/AIDS/STD, and oral rehydration therapy.

3.5.2 Support and Technical Assistance for Research Organizations

In addition to conducting operations research training, the project works to increase and improve research capacity by providing support and technical assistance to institutions and community health laboratories. Aware of the importance of operations research, many African service delivery organizations have expressed a need for a "Research and Evaluation Unit" to handle data that would permit them to manage, plan, monitor, and evaluate their programs. Where these units exist, the project has tried to reinforce their data management and research capacity.

In Zimbabwe, staff of the Evaluation and Research Unit (ERU) of the ZNFPC were trained to use Statistical Package for the Social Sciences (SPSS) and Epi-Info software developed by the Centers for Disease Control and Prevention to analyze epidemiological information. The staff researchers are very capable, but their work is occasionally hobbled by management restrictions that limit their initiating OR studies or contracting with local researchers to conduct applied research. In Ghana, the project provided technical support and computer hardware and software for the evaluation unit of the PPAG as part of a subproject focused on the reproductive health needs of adolescents. Also in Ghana, the project has provided technical assistance to the Ghana Statistical Service (GSS). During the initial situation analysis, the project provided extensive technical assistance. During the second situation analysis, the project made occasional monitoring visits. Observers believe the GSS is now fully capable of conducting future situation analyses without external assistance. CARE in Zambia has also developed its OR capacity under this project. For this and other research organizations, it is essential that appropriate staff be in place and available to benefit from the technical assistance provided.

The project has also worked closely with the Unit for Teaching and Research in Demography (UERD), a semiautonomous unit of the University of Ouagadougou, Burkina Faso. This unit has an established reputation for carrying out social science research, but its orientation has historically been academic, rather than programmatic. Participation in the research fieldwork for the Bazega Community Health Laboratory has provided valuable experience in conducting operations research.

Similarly, Africa OR/TA II staff have provided technical support to the Navrongo Health Research Centre. Dr. James Phillips of the Population Council Research Division makes frequent trips to the region and serves as a collaborator and mentor to the staff of the Centre. The program associate from Senegal makes frequent visits to monitor the implementation of the CHFP project. However, it appears that the Navrongo staff is considerably more comfortable with standard survey and registry data collection and would value systematic, high-level training in OR design and methodology.

In addition, the project is also providing support in operations research design and implementation to the newly established Center for Training and Research in Reproductive Health (CEFOREP), founded as a collaborative effort between several American CAs and the

Obstetric and Gynecological Clinic of Dantec Hospital in Dakar, Senegal. CEFORP is collaborating with the Africa OR/TA Project II in a study of postabortion care as an initial step in building its OR capacity. In the future, the Center plans to offer training courses for health care professionals, and hopes to include operations research methods as part of its curriculum.

3.6 Summary

Clearly, among the countries the team visited the perception is that operations research is a useful tool. But, the question is whether countries and organizations are able to implement operations research alone. The answer is "no." During this evaluation it appears that, with the exception of CERPOD and to a lesser extent the NHRC, all the studies were done with substantial technical support from the Africa OR/TA Project II or other organizations. Certainly many researchers have been trained, but still lacking is a critical mass of researchers sufficiently well skilled to implement operations research alone. One reason for this lack of skilled researchers is probably the frequent displacement of researchers, a function of changing politics, policies, and promotions to national and international posts with better pay.

3.7 Recommendations

6. Invite more participants per organization and fewer organizations to training sessions; this selective approach will increase capacities in selected organizations.
7. To the extent possible and while making all efforts to be responsive to mission requests, project staff should be very deliberate about the tasks they take on, particularly in times of reduced budget and contractual limitations on level of effort.
8. The project should consider a means to provide at least part-time administrative support to HCSSs and fellows in countries lacking a local Population Council office.
9. Orient or extend project training activities to include national and private research organizations engaged in health research, particularly reproductive health. Adjusting training activities will "re-cover" some professionals who have already been trained in the public sector or in NGOs.
10. Develop a high-level, intensive, short (two weeks) course on OR research design and methodology for staff of the NHRC. Bilingual staff engaged in research in Bazega should also be invited. If such a course is carried out under the FRONTIERS project, an effort should be made to include as lecturers and facilitators staff from other, non-African regions to foster global exchange of experience.

4. DISSEMINATION

Wide dissemination of research results is essential in order to maximize use of operations research findings. The OR/TA Project II focused on disseminating research findings and exploring ways to use and scale up these results. This chapter outlines the project mechanisms to disseminate research findings and reach target audiences.

4.1 National Dissemination Seminars

Seminars comprise a key aspect of dissemination activities in countries where research has been undertaken. Dissemination seminars have successfully brought operations research findings to relevant individuals and organizations, including the MOH, national and regional program managers, service providers, NGOs, USAID, and donors. These seminars allow for wide participation to discuss findings and develop recommendations. In some cases, data interpretation workshops have been held, where program managers interpret raw data and select key findings to present at the dissemination seminar.

In several cases (Senegal, Burkina Faso, Kenya; soon in Zambia and Zimbabwe), counterpart organizations have gone beyond the national level to disseminate situation analysis findings regionally, often securing funding from another donor to do so. For example, in Senegal the results of the 1995 situation analysis were disseminated at a national workshop and at 10 regional workshops for district participants. The regional workshops provided an opportunity for staff of more than 180 service delivery points to identify weaknesses in their programs, find immediate solutions for more than half the problems, and formulate action plans for the district, regional, and national levels. This is an empowering approach, particularly since some of the changes proposed could be managed at the local level and implemented immediately.

In Kenya, results of the postabortion care study were presented at a seminar that combined dissemination of results with development of follow-on workplans to incorporate successful models into existing programs. Targeting dissemination at the field level has great potential to reach the on-the-ground providers who will actually carry out the work and make the needed improvements. Because of the move in many African countries to decentralize health care, it is particularly important that the project support efforts to move information to the local level.

Evaluation team members were able to attend the Kenyan postabortion care seminar and a data interpretation workshop in Zambia. Attendees participated fully in the presentations; informal interviews with attendees underscored the positive response to these meetings.

With project assistance, dissemination seminars are hosted by the lead research institution (typically an MOH), which takes responsibility for inviting participants, chairing the meeting,

and presenting the data. Over time, the project has emphasized presentation skills, for both counterparts and its own staff, having realized that the better the speakers are at giving presentations, leading discussions, and guiding the development of recommendations, the more likely the seminar will be productive.

Given that the project relies in great measure on presenting results at workshops, the project must try to fully engage the audience by using clear, interesting, and attention-grabbing expositions. Not all researchers or program staff are comfortable making public presentations; therefore, the project must build presentation skills so that professionals can convey information succinctly and engagingly and the audience can hear and absorb information easily. Skills such as projecting the voice, employing delivery techniques, using visual aids, and facilitating audience participation are important in presenting research findings. Additionally, the project should also provide support, when necessary, toward improving writing skills.

4.2 Regional Dissemination Conferences

During the fifth year of the OR/TA Project II, two end-of-project conferences (one each in East and West Africa) will be held to disseminate lessons learned to a broader audience. The Population Council also hopes to sponsor a third conference in Washington, D.C. During these conferences, lessons learned from each country will be shared with African counterparts and international participants to enhance opportunities to expand knowledge and use findings.

In a number of countries visited, lessons learned or studies done in other African countries were not well known. Within Africa, South-to-South transfer of information is extremely important and should occur regularly during the life of the project.

4.3 Global Meeting on Postabortion Care

A global meeting on postabortion care is scheduled to be held in New York in January 1998, with participation from Asia, Latin America, and Africa. The purpose of this meeting is to review progress in postabortion operations research and to identify the emerging research agenda for the next round of studies. The conference will provide an excellent forum to share worldwide experience and information among program managers and researchers. In December 1997, a staff member will make a presentation on the integration of STIs and family planning at the Asia and Near East Operations Research project (ANE/OR) international conference on reproductive tract infections in Indonesia.

4.4 Print Materials

The project produces a wide variety of print materials such as the newsletter, *African Alternative*; final reports; annual reports; the *Situation Analysis Handbook*; published papers; conference papers; brochures, and the French and English language subproject report *Updates*. These materials reach large audiences, including African counterparts, MOH officials, policymakers, managers, USAID/Washington, USAID missions, CAs, donors, NGOs, and other organizations (see Table 4 and Appendix D). To reduce production costs, most reports are written and printed in Africa and are reviewed by the U.S.-based communications specialist and other Population Council staff members.

Since 1993, the distribution mailing list has increased from 1,500 to 4,000, and is now segmented to target different audiences for different materials. The 300 individuals on the core distribution list receive all of the materials produced, while the full list receives a limited selection of publications. The Population Council's Africa office disseminates materials in Africa; the New York office covers the United States and Europe.

Table 4

Materials Produced and Disseminated

Type of Publication or Presentation	Number of Publications Disseminated or Presentations Given
Journal publications	21
Conference presentations	56
Final and annual reports	15,000
<i>Situation Analysis Handbook</i>	2,200
<i>Update</i>	20,000
<i>African Alternatives</i>	20,000
Project brochure	4,500

The project has made a serious effort to reach a variety of audiences through these many print materials. Though the materials are of high quality and the project keeps costs down by printing primarily in Kenya, producing this volume of print materials is very expensive. Additionally, materials may not actually reach the audiences for which they are intended or may not be read and used once they are received. An external consultant, working with the project communications specialist, should assess the Population Council's dissemination strategy, evaluating which materials are reaching which audiences, how they are used, and how print materials could be improved.

4.5 Publications and Conference Presentations

Africa OR/TA Project II staff disseminate results of their work widely through journal articles and conference presentations. Staff publish articles in a broad range of professional journals and regularly present at public health, demographic, and population conferences. Although some might argue that use of these channels represents a bias to academic audiences, such channels do provide an important means to reach U.S. and international professional audiences. The listing of publications and presentations also shows the solid involvement of African counterparts and staff in publishing and presenting findings. Further assessment of the utility of publications and presentations is not possible without a specific study of the target audience for these publications.

4.6 Electronic Media

The communications specialist initiated development of an attractive Internet OR home page to reach audiences via electronic media. Through this website, global Internet users can economically access *Africa Updates*; OR announcements; publication lists; Asia, Latin America, and Africa project summaries; and report abstracts. Internet links with USAID, PopNet, Johns Hopkins University/Population Communication Services (JHU/PCS), Management Sciences for Health (MSH), Family Health International (FHI), and other CAs create a broader access to population and reproductive health information. Although many Population Council staff initially were somewhat skeptical of this mode of communications, the Population Council's website has had about 12,000 "hits" in the past four months; about 4,000 of those hits were to the OR home page.

4.7 The Audience

4.7.1 Host-Country Audiences

Local audiences for dissemination materials include collaborating institution counterparts, other host-country reproductive health or family planning organizations, and research institutions. Although the Africa OR/TA Project II has made appreciable efforts to improve the ways to reach

U.S.-based audiences, the project's strength is in its dissemination to host-country audiences.

Because of close collaboration with MOHs, NGOs, and other local counterparts, the project has been successful in engaging these partners to disseminate and use research findings. With few exceptions, local counterparts in countries visited felt fully involved in the research and dissemination process.

Country- and regional-level CA staff gave positive feedback on collaboration with project staff. CA staff participated in or kept abreast of the in-country operations research, including situation analysis, and many gained significant information for their own project work. Because situation analysis findings provided clear evidence that CA inputs? training; information, education, and communication (IEC); and service delivery technical assistance? were needed, USAID missions were more willing to request CA technical support for program improvements.

Donor representatives are typically invited to attend situation analysis and research dissemination seminars. Through this process, many donors? including UNFPA, DFID, and the World Bank? committed themselves to supporting either expanded OR studies or interventions that emerged from the studies. For example, based on a finding of the 1994 Senegal Situation Analysis that providers' attitudes impeded service delivery, UNFPA provided support to the PNPF to conduct an in-depth study of provider behavior and attitudes.

4.7.2 International Audiences

As the team visited more countries and held more interviews with MOHs, CAs, NGOs, and others, it became evident that the lapse in information dissemination was occurring primarily at USAID/Washington and in missions that were unfamiliar with the Africa OR/TA Project II work. Certainly the primary audience for the Africa OR/TA Project II should be national counterparts. Nonetheless, USAID/Washington is also a critical audience for project dissemination activities. Although the project has made great efforts to disseminate a variety of project materials widely within USAID/Washington, major gaps in knowledge of project activity exist within the PHN Center.

The fact that the operations research project is not present in Washington contributes to this lack of information. It is imperative to have the focus of the project in the field; however, if Washington is not securely in the flow of communication, important information is not communicated. This lack of communication can be detrimental to the project's future activities, finances, and reputation. Many opportunities are missed when project staff are unable to attend hastily scheduled formal and informal meetings, presentations, and seminars where important information is exchanged. Also, many CA staff are unaware of Joint Country Programming and Planning Teams (JPT). Most JPTs are strong, have close relations with the missions they backstop, and can provide an important link to the field. These teams provide technical

assistance, strategic advice, and support as needed; however, they may not be acquainted with a particular CA's work. Increasingly the JPT plays an important role in guiding country programs; thus, the Population Council should target specific JPTs to ensure members are familiar with their work and possible applications in each country.

Although CA regional or in-country staff gave positive feedback on project activity and collaboration, headquarter CAs have evidently had less contact with project activities and are less familiar with project research findings. Although project staff collaborated with local donor representatives in many instances, no systematic plan exists to garner donor support or to disseminate information and lessons learned to international donor headquarters.

USAID has been working to involve international donors (bilateral and multilateral) in supporting key reproductive health activities. The project has good working relationships with a number of donors in different countries and has successfully engaged other donors in project launch, implementation, dissemination, and follow-on activities. In an effort to broaden the impact of OR results, the project should continue to encourage multidonor participation.

4.8 Recommendations

11. The project should build on the model of subnational dissemination. Its successful efforts in leveraging funds from international donors should be pursued in other countries for broad-based data interpretation and problem-solving workshops.
12. As a part of institutionalization, counterparts should be provided with technical assistance to improve their presentation and writing skills.
13. The project should make a concerted effort to exchange information within the region through a variety of means: regional seminars, specific issue seminars (similar to the postabortion care meeting in New York), meetings, observations tours, and other South-to-South exchanges in which information can cross borders. Also, sharing information with other regions should be emphasized.
14. During the end-of-project conference, working groups should be established to continue a process of communication between African officials, program managers, NGOs, and donors. With support from the new FRONTIERS project, working groups formed at this conference would meet periodically to discuss the progress of improving service provision in their respective countries. This forum would provide an opportunity to share ideas on how services can be improved and how OR results can be used for optimal impact, and would provide healthy competition to ensure service provision is improved.
15. The dissemination of print materials should be thoroughly assessed to refine and target

audiences to ensure cost-effective communication. An external consultant could be engaged to develop a communications strategy.

16. Written communication is limited in its ability to reach many relevant audiences. Continued emphasis should be placed on maintaining face-to-face contact and relaying findings through small briefings and meetings.

17. Short, succinct e-mails similar to the widely read Office of Population ?Pearls? should be developed and sent monthly. These may appear in a question and answer format with answers from OR findings. The COTR would disseminate these e-mails through the G/PHN e-mail system to the PHN Center, regional bureau contacts, missions, and CAs.

Example: Q: What difference does male involvement make in a
 woman?s decision to use contraception?
 A: Operations research results from Kenya show that...

18. The project should take every opportunity to ?get the word out? both nationally and internationally using local media. It should continue to invite the media to dissemination and other seminars to give OR activities a higher profile in the country and inform the public about key issues related to reproductive health. In addition, press releases should be developed for newspapers. The project can collaborate with other CAs that conduct short trainings for journalists to ensure that information is concise, correct, and appropriate. Cultivating relations with key journalists and television stations may go far to provide health professionals and the public with important information.

19. The Africa OR/TA Project II should give more presentations formally and informally to USAID/Washington and to CA headquarters. The USAID/Washington Research Division should target individuals and facilitate their attendance at OR presentations or hold collaborative meetings between the OR project staff, USAID staff, and CA headquarters staff. When USAID staff are traveling to countries where the OR project is working, Research Division staff should try to arrange visits to OR project sites.

20. The OR project COTR and the Population Council should target specific JPTs to ensure members are familiar with their work and possible applications in each country.

Since operations research is undertaken to find solutions to service delivery barriers, it is essential that the research results are used. However, as many researchers and service providers will attest, bridging the gap between research and implementation is a universal challenge. Many factors limit the use of research, including limited resources, weak systems and staffing, lack of collaboration, and lack of motivation or incentives.

Another challenge is measuring the use or impact of project findings. Often the time lapse between the end of an OR activity and the use of results makes measurement complex. Subprojects are often completed with no additional funding to measure medium- or long-term impact. Or, in measuring impact, it may be difficult to screen out the effects of operations research from other factors.

In an effort to document change attributable to OR interventions, the project has done a series of case studies in which it has revisited subproject interventions done during the previous Africa OR/TA I project. A report is forthcoming.

5.1 Project Success in Use of Research Findings

A number of cases illustrate how findings from the Africa OR/TA Project II have been used and have had an impact on the program. Table 5 shows examples of countries using findings from situation analyses. Because of the time lag between research activities, dissemination, and use, the main body of results from the OR/TA Project II will only begin to be known during and after the fifth year of project activity. Although scaling up research results will take time, many of the examples of use outlined in the table lay the groundwork for potential broad impact on reproductive health services.

Table 5**Use of Situation Analysis Results**

Country	Date		Results of Situation Analysis
Botswana	1995	?	Development of the Government of Botswana's Five-Year National
		?	Development of indicators for monitoring integrated health services
		?	Development of UNFPA's country strategy for reproductive health
Burkina Faso	1995	?	DSF of MOH responded to the problems in the counseling program by unse-ling training curricula and materials
		?	A provider's "Reference Guide" on contraceptive methods developed to in and counseling provided to clients
Ghana	1997	?	JHPIEGO used results of training questions to monitor revised curriculum
Kenya	1995	?	Development of the MOH Reproductive Health Strategy
		?	Development of the National Implementation Plan for the Family Planning 2000
		?	Pathfinder assists NCC to improve infection control, counseling skills, and
		?	Marie Stopes International uses data for development of World Bank
Senegal	1994	?	Decentralized dissemination led to field providers undertaking "quick" or other providers to improve attitudes and beliefs about contraception
		?	Decentralized approach led to regional and district providers' input into revision, and IEC program components in the 1996 National Plan of Action
Zambia	1997	?	USAID/Zambia will use as baseline to evaluate bilateral clinic act implemented by JSI
		?	UNFPA will use as baseline for RH strengthening program in 10 districts
		?	CARE will use study as baseline for urban health programs
		?	MOH will use study as baseline for urban Lusaka health program
		?	USAID/Zambia will use data to assess the Child Health Project
Zanzibar	1994	?	MOH purchased and distributed equipment found to be missing at health
		?	MOH used data to plan the next five-year phase of national program
		?	Management, supervisory courses for MCH/FP supervisors added to
Zimbabwe	1991, 1996	?	First SA provided source material for the country's five-year strategic plan services

5.2 Project Efforts to Facilitate Use of Research Findings

In undertaking research studies, the Africa OR/TA Project II typically takes the following steps to facilitate use of subproject results:

- Ⓒ Concentrate on issues critical to improving service delivery;
- Ⓒ Work with country counterparts to develop the country OR agenda and ensure ownership of research and application of findings;
- Ⓒ Ensure all relevant participants? policy makers, donors, implementing agencies? are informed at opportune junctures;
- Ⓒ Provide support to disseminate OR findings at national, subnational, and regional levels; and
- Ⓒ Undertake end-of-project assessment to measure impact.

The Population Council's postabortion study in Kenya provides an excellent example of the steps necessary to ensure that research findings are implemented and scaled up:

- Ⓒ Plan for the expanded use of findings in the initial stages of project activity.
- Ⓒ Develop a contractual agreement with a service organization (International Projects Assistance Services [IPAS]) to assist the MOH to implement study findings.
- Ⓒ Facilitate dissemination to the field.
- Ⓒ Facilitate the development by all relevant participants of detailed workplans, including plans to scale up and expand to other sites.
- Ⓒ Provide a simple monitoring tool to measure progress of implementation.
- Ⓒ Take part in periodic meetings to review the progress of each organization involved with the service improvement process.
- Ⓒ Conduct end-of-project research to measure impact, and inform implementors about their progress and future directions.

Taking these additional steps has set in motion plans by enthusiastic MOH headquarters and field staff to use research findings and expand services. A more complete outline of the postabortion care activities is included in Appendix D.

5.3 USAID Involvement in Use of Findings

In countries where USAID PHN staff are fully engaged with the OR effort, findings are more likely to be used and follow-up action taken. Involved missions such as Ghana, Senegal, Zambia, and Zimbabwe, and REDSO/ESA and WCA offices guaranteed that the linkages were made between the OR program and service CAs, MOHs, and NGOs, ensuring that OR results led to changes in service delivery. With the move to field support funding of activities, missions must see strong linkages between the OR project and service delivery, IEC, and policy CAs, or little financial support will be allocated for applied research activities. USAID/Washington, through the COTR and JPT, can assist missions in making the link between research findings and implementation of results.

5.4 Project Efforts to Improve and Document Impact

Through the following activities, the Africa OR/TA Project II has made numerous efforts to improve use and document impact of research findings:

- C Sponsored two workshops on "Strengthening the Utilization of Situation Analysis for Planning, Managing, and Evaluating Reproductive Health Services" in Nairobi (May 1996) and Dakar (June 1997);
- C Published a booklet: "Situation Analysis: How Can We Use It Better?";
- C Developed a proposal on "Strengthening the Utilization of Operations Research Findings in Africa" to study how to improve use of operations research findings (March 1996);
- C Developed a questionnaire and began a series of "Case Studies on the Utilization and Impact of Operations Research Subprojects" in Kenya, Tanzania, Madagascar, Mali, Burkina Faso, and the Gambia. These case studies outline dissemination of study findings, use of study findings, impact of the study, and suggestions for maximizing impact; and
- C Documented in each quarterly status report all dissemination and use activities related to subproject or technical assistance activity.

These steps have helped the project staff and COTR explore ways to increase the use and impact of OR findings and to document application of research findings.

5.5 Recommendations

21. Wherever appropriate, at the beginning of a research study an implementation group should be formed with representation from MOHs, NGOs, CAs, USAID, and OR staff. This group would meet periodically to follow the use of research findings.
22. Develop informal and formal (contractual) agreements with service delivery organizations to implement and expand findings once research is completed.
23. Support dissemination of OR and research findings to the field level, empowering national, regional, and district staff to undertake the process.
24. During dissemination seminars, emphasize work with local counterparts to outline detailed implementation plans to apply and expand results. Designate responsible persons and delineate timelines and dates for this work.
25. Continue to work with CAs and missions to facilitate use of results. Assist local counterparts in linking with CAs and donors to ensure support for implementation of findings. If possible, meet with counterparts to review progress toward implementing findings and document the use of findings.
26. Missions and USAID/Washington (COTRs and JPTs) should provide support to the OR project in linking research results to implementation of activities, and should help the project coordinate with service CAs to scale up activities.

6. CROSSCUTTING ISSUES

6.1 Responsiveness to USAID/Washington, Missions, and Local Organizations

The Africa OR/TA Project II has a large group of constituents to which it must respond. The project's primary audience is USAID field missions, but USAID/Washington, other CAs, and host-country institutions may also propose operations research and technical assistance activities. Burkina Faso, Botswana, Senegal, Zambia, and Zimbabwe all initiated buy-ins with the project. Missions in Ghana, Guinea, and South Africa (which later changed its mind) requested assistance, as did USAID/Washington on behalf of Mali and Guinea. Tulane University, a partner in the West African Regional Family Health and AIDS Prevention Project, also requested that the project undertake a situation analysis in Cameroon. The regional STI/FP initiative is the result of the Africa Bureau and REDSO/ESA requesting work and providing funds through a cooperative agreement. Indeed, of the countries in which the project works, only in Kenya and Tanzania has the project taken a more aggressive, proactive role in developing subproject activities.

Because field support funds comprise a significantly larger proportion of total funding (see Section 1.2), the missions play a more extensive role in agenda setting to assure that research is consistent with and will contribute to the mission's strategic objectives. The project has increased accountability to field missions for how their money is spent, and the missions exert more control over what subprojects are undertaken.

This increase has created some pressure on the project to conduct specific types of studies at missions' requests (most frequently the situation analysis) while raising concerns at USAID/Washington about the appropriate balance of diagnostic, intervention, evaluative, and institutionalization activities. In some instances, Senegal in particular, such a strong relationship has developed between the USAID mission and the project staff that they call upon the project to perform tasks that do not neatly fit into the project scope. Examples of these tasks include developing indicators for the Senegal mission strategy, participating extensively in the re-engineering process, conducting a literature review of child survival and family planning activities in the country, and developing training materials and reviewing training curricula (UNFPA, regional). However, no activities set forth in the country strategies were jeopardized as a result of these endeavors; all were conducted as planned.

A source of contention with USAID/Washington concerns personnel issues. USAID was not pleased when the original director left the project after only one year; wished to see a wider search for a new director than was apparently conducted; and most importantly, wanted the director based in the United States as called for in the contract, rather than in Nairobi. Further, difficulties arose in the recruitment of the communications specialist. USAID was unconvinced that the person hired possessed the qualifications needed for the position. Difficulties also arose with the hiring of the deputy director for East Africa. Although the Population Council defends its rationale and procedures for each of these recruitments, the process clearly tested respective understandings of the roles, responsibilities, and rights of the contractor and contracting agency.

At times, the project has been slow to adapt to staffing changes at USAID; previous PHN officers

may have preferred a more distant relationship and less frequent communication with the project. This distance has led to a lack of communication with current mission staff. For example, despite the COTR's urging[?] more than a year prior to the evaluation[?] that the project be more proactive, relations with the Kenyan mission remain strained. Nevertheless, on the whole the project is perceived as being responsive to all constituencies, responding to changing priorities, and adapting well to USAID[?]s restructuring and new reporting requirements.

6.2 Responsiveness of USAID

Africa OR/TA Project II staff report that USAID has been very responsive and timely with approval of subprojects and technical advice. On occasions, however, the Office of Procurement (OP) was very slow to prepare the necessary changes to the contract: the Botswana NGO activity was reduced from 18 to 12 months because of USAID contractual delays, and the Zambia Situation Analysis was delayed several months. However, the situation appears to be improving following recent staff changes there. At all times, the Research Division (G/PHN) supported the project as it was working with OP. At times, missions requested certain administrative actions and were unaware that, even with field support, the project is restricted by the contractual requirements of the larger contract that they are accessing. This was particularly evident with procurements.

6.3 Links and Collaboration with Cooperating Agencies and Other Organizations

Closing the gap between research and service delivery is perhaps the greatest challenge facing the Africa OR/TA Project II. The project must closely collaborate with service delivery and other organizations throughout all phases of the project to ensure that appropriate topics have been identified; that implementation proceeds smoothly; and that findings are scaled up, replicated, or lead to changes in service delivery. Further, the project's strategic plan for a country must be consistent with the mission[?]s strategic objectives. Additional consultations occur with the two REDSOs, the Africa Bureau, and G/PHN. Collaboration has taken place in the field, and relationships with other organizations are numerous (see Table 6).

Table 6**Collaboration with USAID Cooperating Agencies and Other Organizations**

Organization	Location of Collaboration
AIDSCAP Project	East and Southern Africa
Africa Population Policy Research Center	Kenya
AVSC	Ghana, Kenya, Senegal, Tanzania
BASICS	Zambia, East and Southern Africa
British Council	Tanzania
CAFS	East and Southern Africa
Cambridge Consulting Corporation	Botswana
Canadian Public Health Association	Zambia
CARE International	Zambia
Commonwealth Health Secretariat	East and Southern Africa
CEDPA	Ghana, Kenya
CERPOD	West and Central Africa, Mali
CLUSA	Burkina Faso
Data for Decision Making Project	East and Southern Africa
EVALUATION Project	Regional
FHA Project (REDSO/WCA)	Burkina Faso, Cameroon, West and Central Africa
FHI/Population	Regional, East and Southern Africa
FINNIDA	Ghana
FPMD	Zimbabwe
GTZ	Burkina Faso, Kenya
INTRAH	West and Central Africa
IPAS	Kenya
IPPF	Ghana, Kenya, Regional
JHPIEGO	Burkina Faso, Ghana, Senegal
PCS/JHU	Kenya, Zambia, Regional
JSI	Zambia
Marie Stopes International	Kenya, Tanzania
Mellon Foundation	Ghana
MSH	Senegal
ODA	Kenya, Tanzania, Zambia

Pacific Institute for Women's Health	West and Central Africa
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(Table 6 Continued)

Organization	Location of Collaboration
Pathfinder International	East and Southern Africa, Kenya, Tanzania, Uganda
Population Concern International	Botswana, Zambia
Population Council (other divisions or programs)	Ghana, Zambia, Kenya, Senegal, Burkina Faso, Regional
Rainbo_	West and Central Africa
Rockefeller Foundation	Burkina Faso, Ghana, Zimbabwe
SCF/USA	Gambia
SEATS Project	Senegal, Zambia, East and Southern Africa
UNFPA	Burkina Faso, Botswana, Kenya, Mali, Zanzibar, Zambia
UNDP	Regional
Wellstart	Regional
WHO	Senegal, Zambia
World Bank	Regional

At the same time, one CA staff member warns against unrealistic expectations with regard to collaboration. The changes implied by the shift to field support funds, in particular, influence the ability of projects to work together. If a CA does not have field support from a given country, it is unable to work there. Problems also arise when projects have different contract schedules and are therefore unable to coordinate an appropriate calendar of subproject implementation.

The work with IPAS in Kenya in testing alternative approaches to providing postabortion care has proven to be an excellent model of partnership. IPAS has been involved from the beginning, and when the study was completed and findings disseminated, their involvement greatly facilitated plans for expansion of services. Further, the Population Council is working with CARE/Zambia in several capacities: conducting training in Participatory Rapid Assessment (PRA) research methods focused on adolescent reproductive and sexual health, developing community-based strategies for working with out-of-school youth, and improving the quality of family planning services.

Pathfinder International requested a second, broader situational analysis in Kenya and worked with the Population Council to include questions concerning reproductive health and male involvement in the appropriate instruments. Project staff then worked with Pathfinder and other individual organizations to examine the disaggregated data. This approach demystified many problem areas and led to improving infection control, counseling skills, and IEC materials. At the Navrongo research station in Ghana, the project is working with the Center for Development and Population Activities (CEDPA) and the Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO) to evaluate the impact of their training of community-based volunteers and nurses in STI management. When service delivery or training organizations either

request specific studies or are involved at the outset, translation of findings into actions is expedited.

Many other CAs have field offices in the same locations as the Population Council. This close proximity promotes linkages through participation in various workshops devoted to problem identification, agenda setting, and dissemination of findings, and generally leads to frequent interaction. In Kenya, there are four CA task forces: IEC, research and policy, training, and service delivery. The Population Council, along with FHI, has led the research and policy group. There are also CA working groups related to specific topics; the Population Council actively participates in the Kenya CAs Integration Working Group and the REDSO/ESA Regional Integration Partnership, which examines integration in east and southern Africa. In practical terms, these groups meet periodically to set and review the agenda, assess progress, and determine next steps that need to be taken to use research findings and apply them in the appropriate settings.

The OR/TA Project II has productive links with other Population Council-funded projects, such as the Expanding Contraceptive Choice project (ECC), the Ebert program, and the International Programs Division of the Population Council. With the ECC project, the OR/TA Project II is looking at the technical issues surrounding the reintroduction of DepoProvera in Zambia and in other settings the project has inserted questions related to emergency contraception in several situation analyses. One aspect of the Ebert program focuses on the social aspects of reproductive health; this has led to an ad hoc network of organizations and individuals working in reproductive health. The OR/TA Project II has used and should continue to use this network to develop ideas and work with other groups. Also, this network provides an excellent vehicle for dissemination of relevant findings. The International Programs Division of the Population Council in New York has participated in technical reviews of proposals, while the Research Division works jointly with Africa OR/TA on Navrongo research station activities.

Despite the exemplary working relationships established by the project in the field, concern has been expressed by some staff at USAID/Washington and others at the U.S. offices of some CAs that the Population Council does not work sufficiently with other CAs, that research is done in isolation, and that CAs and other divisions in G/PHN are not informed about findings. It is not clear whether project field staff are not communicating with Population Council/NY, whether CA field staff are not reporting adequately to their headquarters, or whether all concerned parties are failing to bring collaborative efforts to the attention of USAID/Washington. Some efforts are being made; when field staff visit the United States, they routinely pass through USAID/Washington to give a seminar or presentation on the status of projects or recent findings. The project must increase these efforts, as well as use other means of communicating stateside, to overcome the perception that it is not working with other USAID-supported organizations and that these organizations are not routinely made aware of research findings applicable to their work.

The Africa OR/TA Project II has collaborated with other donor organizations that might cofund an activity or enlarge the catchment area of a study with additional funding. The donors are routinely invited and generally participate in strategy development meetings, data interpretation workshops, and dissemination activities. The Association for Technical Cooperation (GTZ) supported the OR training course and the assessment of the IPPF affiliate's youth-to-youth

program in Burkina Faso. UNFPA supported the second situation analysis in Burkina Faso, allowed the expansion of the situation analysis in Zambia to include the UNFPA-sponsored clinics, and refurbished clinics in conjunction with a postabortion care study in Burkina Faso. DFID worked with the project to support a baseline study in Mbeya region in Tanzania.

Although the Population Council has collaborated with other donor organizations, the headquarters of the Population Council, USAID, and various donors could make a more concerted effort to see that the donors are more aware of the importance of operations research, support such activities, and use findings in the work they support.

6.4 Technical Advisory Group

The project's Technical Advisory Group (TAG) is composed of seven reproductive health professionals who provide general technical guidance and counsel to the project management staff on the research agenda, its implementation, methodological issues, collaboration with other CAs, and dissemination. The previous project did not have this requirement and consequently the Population Council initially struggled with the role, structure, meeting agendas, and schedule for this advisory body. Some members of the TAG feel that it has not been used effectively, that critical issues are not always raised, and that the TAG is used in a review and approval capacity rather than as professionals who can provide technical expertise. Other members feel that the TAG's operation has improved and it has become a forum for discussion of more relevant issues. Such issues have included funding cutbacks, management reviews, the Navrongo field station, and the level of resources that should be invested in situation analyses. The project also requested guidance on issues of FGM, gender, and STIs.

6.5 Recommendations

27. The Africa OR/TA Project II should continue to collaborate with service delivery or training CAs from the outset to facilitate scaling up or use of findings. This collaboration can be achieved by seconding a service delivery-oriented person to the project, by having someone at each CA liaise with the OR project, and by developing joint projects and conducting joint site visits to ensure that service delivery CAs are engaged throughout the process. Involving CAs throughout the process will ensure that concerns arising from their programs are incorporated into the research agenda.

28. Population Council field staff should bring their collaborative efforts with other CAs to the attention of Population Council/NY, CAs' headquarters, and USAID so that non-field individuals are more aware of useful partnerships and research results.

29. USAID and Population Council headquarters' staff should play more of an advocacy role with other donors so that in addition to promoting collaboration in the field, concerted effort is made to incorporate research findings in the future work that these organizations fund.

30. The project should investigate the feasibility of conducting a brief training course for the new class of IDIs that will join USAID in January 1998.

7. FUTURE DIRECTIONS AND CONSIDERATIONS FOR FRONTIERS

7.1 Looking Forward

The Africa OR/TA Project II has been successful in broadening the understanding of how to improve reproductive health services in sub-Saharan Africa. It has facilitated application of research findings in the following ways:

- C Examining a wide range of barriers to service delivery that affect reproductive health programs Africa-wide.
- C Exploring many issues critical to improving the quality of reproductive health services, including the integration of HIV/AIDS into family planning programs, male involvement, and cost recovery.
- C Undertaking pilot studies on sensitive (and sometimes controversial) issues, including postabortion care, FGM, emergency contraception, and adolescent reproductive health.
- C Bringing reproductive health to national attention and assisting country counterparts to improve reproductive health services.
- C Institutionalizing operations research skills and experience by building national, organizational, and individual capacity.

The Africa OR/TA Project II has contributed to maximizing the quality of and access to reproductive health services. Each five-year phase of USAID-funded OR projects has worked to remove impediments to reproductive health services and improve women's health. The OR/TA II follow-on project, FRONTIERS, strives to go even further toward better reproductive health outcomes for women by improving family planning and related reproductive health service delivery through operations research. FRONTIERS will do this by testing innovative solutions to priority service delivery issues, disseminating and utilizing OR results for policy and program improvement, and building greater capacity for problem solving within organizations.

Following are recommendations derived from this evaluation to support the effective implementation of the FRONTIERS Project. For ease of reference, they are grouped according to the chapter headings of this report.

7.2 Research

31. The FRONTIERS project should put greater emphasis on developing and using qualitative data collection methods, particularly participatory techniques.
32. The FRONTIERS project should continue to provide technical assistance and subproject support to both the Navrongo and Bazega community laboratories.
33. FRONTIERS staff and USAID/Washington must consider the mix of OR subprojects to be undertaken during the next five years. With responsibility for situation analyses moved to MEASURE, the project will be under greater pressure to undertake intervention experiments at a

time when USAID missions are showing little interest in such experiments unless clearly and directly linked to local programs.

34. FRONTIERS staff will need to work closely with the MEASURE data collection contractor to ensure that situation analysis findings are applied and optimized in countries where they are undertaken.

35. The new project should undertake a participatory process to systematically develop its agenda. African and other international counterparts should be included in this process. USAID/Washington, CAs, and donors should be included to the fullest extent possible.

The following priority issues need testing through operations research:

- C Adolescent Reproductive Health: What are the most effective means to reach adolescents with education and services, particularly family planning and HIV/STD services?
- C How do women (or men) encourage their partners to obtain reproductive health services, and be treated for STDs? How can condom use be encouraged?
- C Emergency Contraception: With the use of emergency contraception, many women's lives can be saved and unwanted pregnancies avoided. What is the best way to inform women about this method? How best can it be introduced into public and private health systems?

Other suggested topics include the following:

- C Cost Recovery and cost-effective service delivery
- C Dual method use
- C Barrier method use (for HIV/STD protection)
- C Improved partner notification
- C Improved provider attitudes in provision of reproductive health services
- C Postpartum contraception
- C Breastfeeding
- C Obstetric emergencies
- C Effect of decentralization on reproductive health service delivery
- C Enhanced condom use

- C Risk perception of acquiring HIV
- C Women's reproductive decision making

7.3 Technical Assistance and Institution Building

36. Provide concentrated technical assistance to select institutions to develop stronger operations research capacity. Use the resulting trained professionals to provide technical assistance to other subprojects.
37. Promote partnerships between the project and different organizations to aid and promote OR training at semipublic and private institutes. Possible collaborating institutions include CEFOREP in Dakar, UERD in Ouagadougou, and the Institute for Training in Demographic Research (IFORD) in Yaounde, CAFS in Kenya, and the WHO HSR team.
38. Capitalize on the achievements and lessons learned by incorporating the three regional OR projects under a single cooperative agreement to develop inter-regional technical assistance opportunities. Although this activity would be costly, it would allow for a sharing of experiences among different geographic regions and among programs at different levels of maturity.
39. To expedite project work and steadily advance the progress of research, as well as its use and institutionalization, senior resident advisors should be placed in key countries. Since the current project has built not only organizational but individual capacity, the project has a large cohort of individuals from which to choose senior resident advisors.

7.4 Dissemination and Use

40. FRONTIERS should make a concerted effort to exchange information within the African region and throughout the world through topical seminars (similar to the postabortion care meeting to take place in New York in 1998), meetings, observations tours, and other South-to-South exchanges in which information can cross borders.
41. As Internet access grows among host-country counterparts, the new project should continue to explore new ways to convey OR results using this medium.
42. FRONTIERS should develop a systematic program of formal and informal presentations of OR findings and planned activities for both USAID/Washington and partner CAs.
43. The project must maintain an activist role to ensure that research results are applied. The following are among the key steps that should be taken to facilitate use of research findings:
 - C Plan for expansion of research findings during research design.
 - C Form an implementation group including the MOH, NGOs, CAs, USAID, OR staff at the onset of a research study to follow the path of research findings, from dissemination to use. This group should meet periodically.

- C Develop informal and formal (contractual) agreements with service delivery organizations to implement and expand findings once the research is completed.
- C Support dissemination to the field level, empowering regional and district staff to undertake the process.
- C During dissemination seminars, work with local counterparts to outline detailed implementation plans to expand findings. Designate responsible persons and delineate timelines and dates.
- C Work with CAs and missions to facilitate use of results. Assist local counterparts to link with CAs and donors to ensure support for implementation of findings. If possible, meet with counterparts to review progress toward implementing findings and document the use of findings.
- C Develop a simplified version of the situation analysis or other basic monitoring tools that counterparts can use to assess progress.
- C Missions should stay closely engaged in OR project activity to guarantee a link between OR findings and program implementation.

7.5 Crosscutting Issues

- 44. The OR project COTR and the FRONTIERS CA should target specific JPTs to ensure that these team members are familiar with project work and possible in-country applications.
- 45. The project COTR, JPTs, and FRONTIERS should develop a strategy to approach Joint Programming Missions in Kenya, Tanzania, Uganda, Ethiopia, and South Africa to develop project activities in these countries.
- 46. If Joint Programming Countries are not interested in OR subprojects or technical assistance, consideration should be given to providing support to selective Joint Planning Countries.
- 47. Greater efforts should be made to disseminate lessons learned to donors at their individual headquarters. A donor strategy should be developed to gain further support for expanded OR activities. These activities could include presentations, donor seminars, or informal or formal meeting with key donor representatives.
- 48. The Population Office should continue supporting Francophone countries like Burkina Faso that have been successful in testing important interventions that have regional application.

49. Periodic courses should be developed for PHN officers (as part of a SOTA course) and IDIs to improve their understanding of what operations research is and how findings can better be used.

APPENDICES

APPENDIX A

Evaluation Scope of Work Africa Operations Research and Technical Assistance (Africa OR/TA II) The Population Council

Contract No.: CCP-3030-C-00-3008-00
LOP: (1993-1998)\$17,918,445
Phone: (703)874-4460
Fax: (703)875-4413
CTO: Marjorie C. Horn, Deputy Chief
Research Division
Office of Population
Room 820, SA-18

I. Background

The Africa OR/TA project II was initiated in September 1993 as part of the global umbrella "Strategies for Improving Service Delivery" (Project No. 936-3030). The five-year, \$17.9 million Africa OR/TA contract was competitively awarded in September 1993 to The Population Council.

A. Goals and Objectives

The **goals** of the umbrella project are to improve the quality, accessibility, and cost-effectiveness of family planning and MCH service delivery systems and to strengthen LDC institutional capabilities to use operations research as a management tool to diagnose and solve service delivery problems. The **objectives** of the contract are to broaden our understanding of how to improve family planning services in sub-Saharan Africa, and to apply OR/TA to improve family planning services in sub-Saharan Africa. The means through which these objectives are to be achieved include the following:

1. Increasing access to a full range of family planning services and methods,
2. Developing service delivery strategies that are client-oriented and acceptable to various special population groups,
3. Improving the operations of programs to make them more efficient and financially sustainable,
4. Improving the quality of existing services, and
5. Strengthening the capabilities of family planning program managers to use operations research to diagnose and solve service delivery problems.

Various types of activities are included under USAID's support of operations research and technical assistance, including large scale demonstration projects, OR on various components of service delivery systems, diagnostic activities, and technical assistance. Under this contract, the definition of technical assistance was broadened to include both (1) collaboration at every stage of the research process? from diagnosis and problem identification to data collection, utilization

and dissemination; and (2) non-project related consultation on a broad range of issues, including computer training, data management, policy review, and assistance in financial management.

B. Specific Implementation Activities

In order to achieve the objectives, the specific activities of the Africa OR/TA project include:

1. Identify family planning OR/TA needs that meet African country-specific and regional needs. This includes developing country strategies that identify the main service delivery providers, as well as the priority areas for OR assistance, and carrying out a variety of diagnostic activities, including Situation Analyses.
2. Provide technical assistance to solve service delivery problems without formal subprojects. Non-subproject TA was to focus on adapting and applying strategies, systems, and procedures that have worked in similar settings to improve family planning programs, such as refining management information systems, putting computer systems into place to improve program management, processing and analyzing existing service statistics, developing strategies to improve management of CBD or other programs, and developing appropriate evaluation indicators. In addition, the contractor was to hold several regional workshops to demonstrate to policymakers and program managers how to use the OR process and the results of studies to improve programs.
33. Prepare OR subproject protocols by working closely with African agencies, and designing projects and providing technical assistance to subcontractors designing projects.
4. Aid in designing and implementing research studies and provide ongoing technical assistance throughout all phases of subproject implementation, as well as application of research findings, and hold workshops to teach OR concepts and research methodologies. In addition, the contractor was expected to develop a field research station to provide for a cluster of more intensive, carefully monitored research and technical assistance activities to address major issues in the improvement of family planning services in Africa.
5. Disseminate OR methodologies and subproject results in the country and region by working with host-country partners to analyze research findings, write progress and final reports, formulate program and policy conclusions, and widely disseminate results through country and regional seminars, and through preparing papers for publication in international journals or presentations at international conferences.
6. Institutionalize OR as a problem-solving tool for family planning managers through in-country workshops, ad hoc assistance to family planning service delivery agencies, individualized technical assistance to providers in applying existing OR findings to improve programs, and through TA and training in preparing OR subproject protocols, implementing OR studies, and disseminating the results.

C. Changes During Project Implementation

It is important to note that, during the four years the Africa OR/TA project has been in operation,

a number of changes have occurred that have had an impact on the project and its implementation:

1. The formulation of a reproductive health approach within the Office of Population, with family planning as the center, but also including attention to safe pregnancy, STDs/HIV/AIDS, and harmful traditional practices, with an emphasis on the integration of activities in the wake of the International Conference on Population and Development in 1994 (Cairo Conference) led AID/W staff to encourage a realignment of focus. In keeping with the broader reproductive health focus, there was an interest in the OR project shifting the focus of attention away from a sole focus on family planning service delivery.
2. Closeout in 1994-95 of a number of countries in which the project expected to work? Botswana, Burkina Faso, Cameroon, Cote d'Ivoire, Nigeria, and Togo? followed by the creation of a West Africa Regional Family Health and AIDS project, and the development and approval of a policy on research in non-presence countries.
3. Introduction of the Field Support system, and the superimposing of metering during the last two fiscal years.

The primary funding source for this contract is G/PHN/POP; however, USAID overseas missions have also provided funding for activities of special interest and within the scope of this contract. Obligations as of March 31, 1997 totalled \$15.367 million in the "C" Contract (\$10.889 million in core, and \$4.478 million in field support), with an additional \$2.140 million to the "Q" or requirements contract from buy-ins from missions.

The field support system accelerated the use of the "C" contract to access services from the project, resulting in the project reaching its ceiling more rapidly than anticipated, and also in its using LOE at a faster rate than anticipated. Consequently, the contract was recently modified, which resulted in an increase in the activities under the "C" contract. Specifically, the number of subcontracts required was increased by 10 so that the contract now calls for as few as 30 or as many as 50 subprojects (depending on the size of the projects and their complexity), and the number of institutional strengthening workshops was increased from 6 to 10. As of March 31, 1997, 17 subprojects had been completed and final reports submitted to USAID, 14 subprojects were underway, 6 were under development, and 6 workshops had been held. Technical assistance activities had been implemented in 9 countries.

II. Purpose of the Evaluation

The purposes of the current evaluation are as follows:

1. To assess the extent to which the project has accomplished the objectives of the project (page 1, with activities outlines on pp. 2-3) with due attention to the quality of the work; and to evaluate the effectiveness of activities to date, with due consideration to policy changes and program improvements.
2. To examine the usefulness of dissemination activities to date as well as the proposed approaches between now and the end of the project to disseminating and using the

research results.

3. To make recommendations for the final year of the Africa OR/TA project, particularly with regard to dissemination and utilization, and for the implementation of the new FRONTIERS in Reproductive Health OR activity.

III. Scope of Work for Evaluation

The questions that are asterisked are those with highest priority for USAID/W. The team is encouraged to identify related issues and questions on the basis of its review.

A. Project Accomplishments

Technical Merit

- *1. How has the project developed its research agenda and selected topics for study? How effective has the project been in identifying critical constraints to service delivery?
- *2. To what extent has the project succeeded in identifying and then developing solutions to the major constraints to meeting the unmet need for family planning in Africa, and to improving the delivery of reproductive health services? Is there evidence to show that the interventions that were identified were effective in improving these conditions? How can "success" be judged in this regard?
- *3. What is the value of the work that has been carried out at the field station in Navrongo, Ghana? What has been the experience (or what are the prospects for) applying the research findings beyond the Navrongo catchment area to the country as a whole? What potential does the research at Navrongo have for serving as lessons for the region as a whole?
- *4. Has the balance between diagnostic or Situation Analysis (SA) studies, and OR intervention studies, been optimal for achieving project objectives? How useful have the SA results been as background for developing needed OR studies or improving programs? To what extent and how have these results been utilized in general?
5. Assess the balance between small-scale subprojects focused on country-specific issues and larger scale subprojects with potentially greater impact? To what extent has the project sought to use experimental designs in its interventions?
6. What has been the quality of research instruments, training, data collection procedures, data analysis, and final reports? Has the project appropriately combined the use of both quantitative and qualitative methodologies?
7. To what extent has the contract succeeded in establishing linkages with other CAs and collaborating with them in the identification of topics and implementation of OR studies? Comment on any particularly successful models of collaboration.
8. How successful is the approach of formulating country strategies for OR? Have they

been adhered to or have other events and shifting priorities overtaken them? Are they useful?

9. How successful has the project been in developing collaborative relationships with service delivery CAs?

10. To what extent has the project been responsive to the ideas, priorities, and concerns of USAID/W, of the USAID missions, and of the host-country partners?

Technical Assistance

Technical assistance includes both assistance provided as part of designing and carrying out OR subprojects, and the non-subproject TA provided on an ad-hoc basis as needs and opportunities have arisen. Questions are included on the usefulness of both approaches to TA:

*1. Assess the differences between countries with resident OR staff, and those countries with no in-country resident advisor (neither a Host country social scientist nor a Country fellow) in terms of the impact and effectiveness of the technical assistance provided both through subprojects and on an ad hoc basis. Also, examine whether the costs of placing an advisor in-country are balanced by higher quality or more effective technical assistance.

*2. To what extent have the non-subproject technical assistance activities achieved the objective of applying OR results and lessons from OR to improve the delivery of family planning services?

3. Was the project responsive to requests for technical assistance? Apart from subcontractors, to whom was technical assistance provided? Is it possible to identify impact resulting from technical assistance, i.e., policy or programmatic change?

4. What value do the Missions, the Subcontractors, and other CAs, place on the OR workshops, the Situation Analysis Handbook, and the technical assistance provided throughout the subprojects?

Institutionalization

*1. How useful have the project activities such as developing and implementing subprojects, direct TA, workshops, etc., been in institutionalizing the OR approach to improving service delivery?

*2. Are there countries or organizations that we can point to where OR has been successfully institutionalized, i.e., where organizations are fully functional and able to undertake OR on their own? Illustrative questions that might help determine the success of institutionalization (and which can be employed for a country-by-country analysis) include:

- What is the evidence that program managers are increasingly receptive to OR as a tool?
- Do managers appear oriented to a proactive approach to problem solving?
- What is the evidence that research capacity among local researchers has improved as a result of project inputs? (in research design, data collection, processing, computer skills,

data analysis, report preparation?)

B. Dissemination and Utilization of Study Findings

- *1. How effective and useful are the various dissemination activities and materials? What steps does the project take to systematically identify audiences for their dissemination activities? Do they adequately reach their several audiences (including policy makers and program managers, USAID Mission and USAID/W staff, CAs and other relevant organizations, other researchers, donors, etc.)? Are materials appropriate for the intended audiences?
- *2. How can dissemination be improved during the final year of the project to ensure greater utilization of research findings?
- *3. What efforts has the project undertaken to scale up the results of OR studies? What are some specific examples and how successful have they been?
- 4. Is the balance between international and in-country dissemination approaches and materials appropriate?
- 5. What are some examples of changes that have been implemented as a result of an OR study, e.g., in policy or service delivery procedures, at the same site or in an expanded program, in programs of other organizations, country-wide or elsewhere?

C. Recommendations

- *1. What approaches to dissemination/utilization should the project adopt in the final year to enhance the impact of their activities?
- 2. What changes in their approach to technical assistance and/or institutionalization should be implemented in the final year of the project?
- *3. What role should the Navrongo Health Research Centre play in the new FRONTIERS in Reproductive Health framework?
- *4. What critical issues for OR on the delivery of family planning/reproductive health services have been missed by the Africa OR/TA project and should receive attention under the new FRONTIERS activity?
- 5. What lessons are there on the development and implementation of country plans, and the provision of technical assistance that should be taken into account by the CA that will implement FRONTIERS?
- 6. What specific lessons can be derived from the Africa OR/TA project in terms of OR directed towards integrating family planning and reproductive health services specifically, and more generally towards implementing the principles of the Cairo Agenda?
- 7. What new methods and technologies hold particular promise for further use and

development under FRONTIERS, and how can they best be incorporated (e.g., PRA)?

8. Now that MEASURE will pick up facility-based or Situation Analysis studies, should the OR activities under FRONTIERS include any Situation Analyses?

IV. Methods and Procedures

The evaluation team will review all project documentation, including but not limited to the following:

- project paper;
- contract;
- the 1995, 1996, and 1997 management reviews;
- semi-annual and annual reports;
- subproject reports or summaries of final reports of completed subprojects,
- trip reports;
- Evaluation of the Rockefeller Foundation support to the Navrongo Health Research Station (assuming a final version is available from the Rockefeller Foundation);
- Publications and dissemination materials, including the revised Situation Analysis Handbook; and
- USAID Population Strategy.

In addition to careful review of the above documents, the evaluation team should collect new information from responses to an e-mail which will be sent to Missions in all countries in which Africa OR/TA has worked.

The team will also obtain information through personal and telephone interviews with the following people: the current USAID CTO; the previous USAID technical advisor; USAID country specialists in the countries in which the project is active; selected staff of G/PHN/POP/R, G/PHN/POP/CMT, G/PHN/POP/PE, and G/PHN/POP/FPSD; the Director and Deputy Directors of the Office of Population; selected individuals at the Africa Bureau; USAID Mission staff, and selected family planning CAs who are current or potential users and/or collaborators of operations research findings, such as JHPIEGO, MSH, FHI, and the EVALUATION PROJECT. To facilitate this interviewing process, the team should develop a standard questionnaire to use during the interviews.

Prior to the evaluation team's arrival in Washington, G/PHN/POP/R will send an e-mail to the relevant field missions to gather input into this evaluation. A set of specific questions will be included in the e-mail but, in general, Missions will be asked to comment on the work done by the project and on future needs in this area. Based upon a review of mission responses, the team may wish to follow up with telephone calls or e-mails to certain mission staff in countries where site visits will not be made.

Following the U.S. based data collection, the evaluation team will visit four countries where the project has been active?Kenya, Zambia, Senegal, and Burkina Faso?and will also visit the field station in Navrongo, Ghana. The full team will go to Nairobi, Kenya to meet with the Project Director and the East Africa staff. Two of the team members will remain in East Africa for site

visits and meetings with Mission staff while two members will travel to West Africa. The team members in East Africa will visit Mission and project staff in Kenya and in Zambia. In West Africa, the two team members will meet with the Deputy Project director and other key staff in Senegal, and then conduct site visits in Senegal, in Burkina Faso, and at the Navrongo Health Research Centre (NHRC) in northern Ghana. (The NHRC is located in northern Ghana and can be reached easily by road from Ouagadougou.) While in country, the team members will meet with the project staff stationed there, USAID mission staff, and local counterparts with whom the project has worked.

V. Timetable

The evaluation is likely to take place in September 97. It is anticipated that the evaluation can be completed in four weeks based on the following illustrative schedule.

September 3-8 Washington, D.C.

September 10-12 Kenya (Whole team)

September 15-17 Kenya (East Team)

September 18-23 Zambia (East Team)

September 25-26 New York (East Team)

September 15-18 Senegal (West Team)

September 19-22 Burkina Faso (West Team)

September 23-25 Navrongo (West Team)

September 27-

October 4 Washington, D.C. (Whole Team)

The team will commence work in Washington to review documents and contact CAs with whom The Population Council has collaborated in Africa. Team members will visit the New York headquarters of The Population Council to interview the Program Manager, the Senior Technical Advisor, the previous Project Director, the Contracts officer for the project, as well as other staff as appropriate. The full team will reassemble and debrief in Washington during week four and the team members will submit their draft reports to the team leader(s) who will provide approximately one additional week of effort to complete the report. The incorporation of comments by G/PHN/POP and finalization of the draft report will be completed by November 97.

VI. Team Composition and Size

The evaluation team will consist of four people, at least two of whom will have advanced training and experience with applied or operations research in family planning. One or more members will have experience in service delivery and/or training in Africa. At least two members will have had extensive field experience or tours of duty in Africa. At least one member will have had experience in working for USAID. All four are expected to have doctorate level training or the equivalent in demography, sociology, epidemiology, public health,

or related fields.

VII. Report

The team will give a debriefing to AID/W either October 2 or 3, 1997. A draft of the full report will be submitted by the team leader to POPTECH by the end of the week of October 6.

VIII. Funding and Logistical Support

This evaluation will be funded out of core funds through the POPTECH Project. POPTECH will provide all necessary logistical support to the team, although some assistance may be requested from USAID missions and the Pop Council in terms of making hotel reservations, airport transfers and setting up local appointments.

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Situation analysis of the family planning service delivery in Senegal. June 1995.

Tanzania

Zanzibar Family Planning Situation Analysis Study. January 1996.

APPENDIX C

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APPENDIX D

Postabortion Care Research: A Model for Utilization of Results

The Postabortion Care work being undertaken by the MOH/Kenya, the Population Council, and IPAS is exemplary in moving from research results to actual service implementation. Involving policymakers, program managers, providers, and an implementing organization (IPAS), this work provides an excellent example of how an operations research project can take findings further for impact. Following are the key elements that have established strong possibilities for large impact.

Plan for expanded use of findings in initial stages of project activity

With the MOH and IPAS, the OR/TA Project II planned for the research study and follow-on expansion of services from the onset.

Research an issue critical to providers and MOH

Because of the groundwork undertaken by IPAS and USAID, the MOH recognized the issue of postabortion care as critical to saving women's lives. Providers in field hospitals knew women were dying because of weak services.

Contract with a service delivery organization

The Population Council developed a subcontract with IPAS to undertake the training of service providers (prior to testing the intervention) and to implement and expand the program once the research findings were disseminated.

Facilitate ownership of the study and implementation of findings

The project worked closely with the MOH throughout the study, ensuring that the Ministry felt they were in the lead and that it was their study and implementation plan. Providers at the multiple study sites were fully engaged in the study process.

Disseminate to the field

During the Dissemination Seminar, providers and administrators from each research site participated and developed the recommendations and detailed workplans for project expansion.

Develop detailed implementation and expansion plans

During the second day of the Dissemination Seminar, working groups developed detailed work plans, outlining how the research results will be expanded to other parts of Kenya. The work plan included activities to be undertaken, responsible individual or organization, and date and timeline.

Develop a simple monitoring tool

In conjunction with the MOH and IPAS, the Africa OR/TA Project II will develop a monitoring

tool for use by the project implementors. This tool will ensure that each site follows standard procedures for implementing and expanding the activities.

Hold periodic meetings

Project staff will be involved with periodic meetings held by the MOH and IPAS. At these meetings, progress to date will be reviewed and issues and solutions discussed.

Conduct an end-line survey

Before the end of the Africa OR/TA Project II, staff, MOH, and IPAS plan to undertake another survey to assess progress to date, ensure successful use of the research findings, and develop findings for future planning.

Disseminate information on progress

Once the end-line survey is undertaken, the project will work with the MOH and IPAS to disseminate results, discuss findings, determine future directions, and develop detailed workplans with participating providers.

APPENDIX E

Africa OR/TA II Subproject and Technical Assistance Activity Report

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